STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

23c. NAME OF CEMETERY OR CREMATORY

Westview Memorial

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR Duda-Ruck, Inc. 7922 Wise Ave Balto.Md 21222

23b DATE

11-16-87

230. BURIAL, CREMATION, REMOVAL

Cremation

Baltimore, Maryland 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

23d LOCATION

files Deviden Randall

YEAR

IF LINDER LYEAR

87

13

YES [

COUNTY

54

22c DATE SIGNED

76 HOUR

126 KIND OF BUSINESS OR

Beth. Steel

Balto. Co. Bd

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO T

STATE

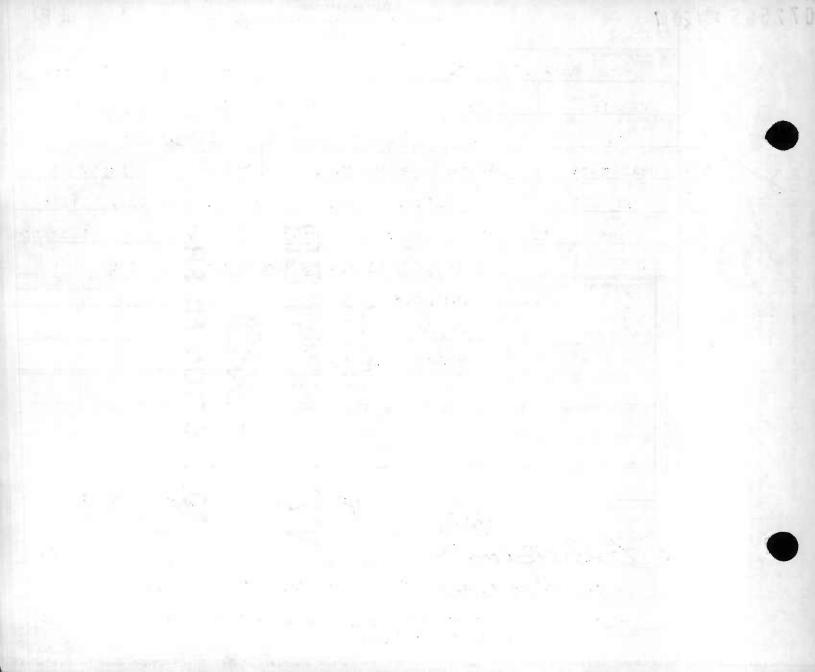
LAST

of Education

IF UNDER 24 HRS

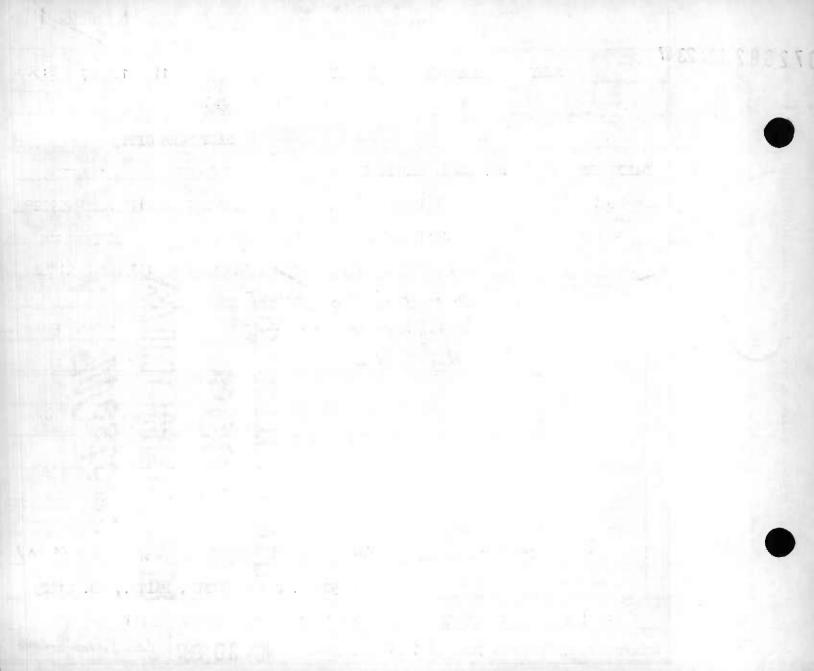
NUN BO. A Section Con-

72565 NOV 2	0 8	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 7 3 1 6 2 0 CERTIFICATE OF DEATH REG. NO.								
	1. DE	CEASED NAME FIRST		MIDDLE	i i	AST	REG. N	MONTH DAY	YEAR	2b HOUR	
og po		OR PRINT)	RIET	Ε.	BEL	Γ.	November	16 1	987	1 20 P	
moy be poge 3	3. SE		14. RACE	ь.	5. DATE C		6. AGE (IN YEARS LAST BI		UNDER I YEAR	4:30 M	
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1 2 2 2 2 Z		MD		SA	MARRIE	DIVORCED					
de fun	10. C	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	R OTHER INSTITUTION	120 USUAL OCCUPAT	ION	126 KIND O	F BUSINESS OR	
offer filed with		Baltimore	Meri	chfacility, give street / dian Edg	ADDRESS)	d N.H.	Sales		Dept.	Store	
be f		AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION	I I GIVE RESIDENCE BEFORE	ADMISSION)	13d INSIDE CITY LIMITS?	4				
ND 24 h 24 h 24 h ould b	130.	MD	ONT	Balto		YESXXX NO	632 E. 35	th St	., 2	1218	
thin thin 2 sh	14. F/	ATHER'S NAME	WIDDIE			15. MOTHER'S MAIDEN N	IAME				
WW P				orningst	ar	Bertha	MIDDLE E		B1	ackston	
H Contact		VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDR	ESS			
OM CONTRACTOR	1 '	VES. NO OR UNKNOWN) (IF YES.	GIVE WAR OR DATES)	219 12	2062	Mrs. Elle	n Marley,	Sa	ame		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN. The low requires that the death certificant be executed, thin 24 hour oftending physician. The burial physician has been signed by the attending physician and continely filled in bust the burial-transit permit. Then please remove corbon, applications permit. Then please remove corbon, applications of should be fill the and Mental Hygiene prior to burial, cremation, or removal and applications of the purity, are other troumotic event.	as the point of th			PREVIOUS OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE ON TRIBUTING TO D	NCE OF	CARE NOT RELATED TO THE TER	RMINAL DISEASE OR CON	IDITION GIVEN	IN PART 110		
L RECORI	CERTIFICATION	190 DATE OF OPERATION	196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES □ NO 🏋	20b. IF YES, V IN CERTIFYIN YES (NG CAUSES	NGS USED OF DEATH?	
SION OF VITAL PHYSICIAN: The ending physicion this certification the burief-tronsis and Mental Hygica d or frem 18 shap	MEDICAL CERT	710 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM	DEATH HOUR A	M. MONTH DA	Y YEAR	Sa 577	JRRED (ENTERNATURE OF INJU			NO []	
DIVISION DIVISION DIVISION To attendir This is not the but on the but of the	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY IREET, FACTORY, OFFICE, FA	ARM, ETC)	21f LOCATION STREET	CITY OR TO	JWN /	COUNTY	STATE	
TO HOSPITAL OR ATTENDING Pretoined by the hospital or other TO FUNERAL DIRECTIONs. After it should be detached for use as the with the State Dept. of Health and IMPORTANT: if them 21 is marked	730	270.1 certify that (1) (this has saw the deceased alive above, (1) (we) (did) land 270. STONE OF C. Tim	on not wew the bad	ssent, M	MD.	DEGREE ATTENDING PHYSICIAN TO ADDRESS St. JOSE EMETERY OR CREMATORY	MEDICAL STA	AFF CIAN 🗌	22c. DATE	17/87	
BP		(SPECIFY) Burial				ick Memori	CITY OR TOWN	ck,	COUNTY	MD	
	24 F	UNERAL DIRECTOR		enkins&			ATE REC'D. BY REGISTRAF		R'S SIGNAT		
DHMH - 16 60M 7/84 (VRA 15, 4)		NAME		A A DORESSE	5011		NOV 19 1987 Julia Dividson Randale				

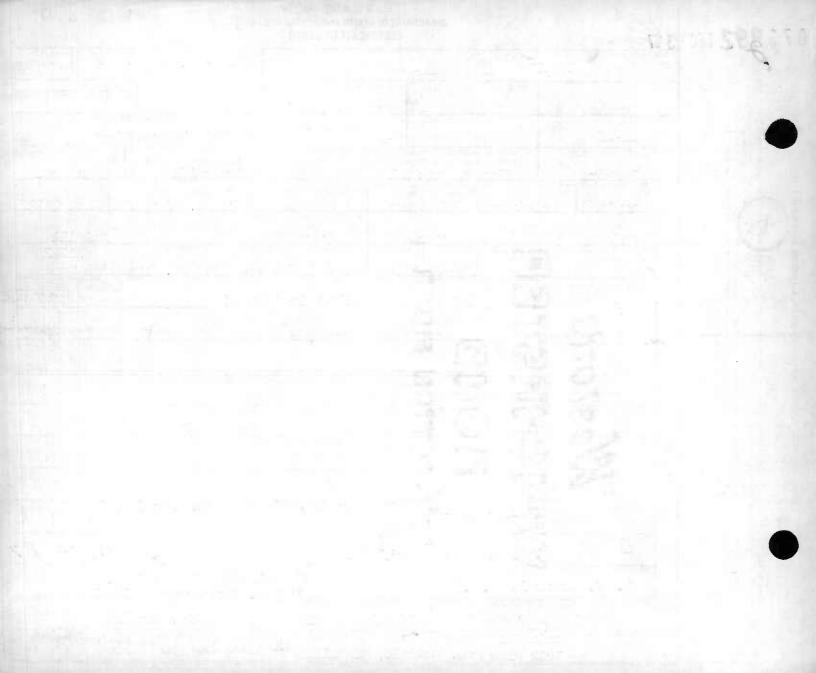


FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO V DECEASED NAME MIDDLE 20. DATE OF DEATH 7h HOUR TYPE OR PRINTS MARY BLANCHE 8:30p BELSKY 11 18 87 3 SEX 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH HOURS 44 76 White Female To. BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED KNEVER MARRIED COUNTRY Maryland U.S.A. WIDOWED DIVORCED [BALTIMORE CITY 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE ST. AGNES HOSPITAL Homemaker BALTIMORE, MARYLAND 21201 USUAL RESIDENCE OF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION. 13b. COUNTY 13c CITY OR TOWN 13e STREET ADDRESS Maryland Baltimore 245 Mallow Hill Road YESX 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME EIRST MIDDLE MIDDLE Kalinauskas George Constance Papauskas ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT (YES, NO OR UNKNOWN) LIE YES GIVE WAR OR DATEST 215-01-4454 Paul Belsky 245 Mallow Hill Road APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH |Enter only one cause per line for (a), (b), and (c),
PART I, DEATH WAS CAUSED BY: GILES CarReples piroTory IMMEDIATE CAUSE (o) PRESTON ST DUE TO, OR AS A CONSEQUENCE OF a cecelent CEREDIOYCSCULOY Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF DIVISION OF VITAL RECORDS, 201 W. underlying couse last. Proposice es PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? NO YES [] 71a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED 211 LOCATION 21a PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) oftended the deceased from _ saw the deceased olive on. and that in (my) (aur) opinian death occurred on the date and haur and from the causes stated obove, (1) (we) (did) (did not) view the body after death 226 SIGNATUR DEGREE 22c DATE SIGNED MD ATTENDING MEDICAL 11-18-8 PHYSICIAN DIRECTOR PHYSICIAN 72d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS ORESTES MOLDES 900 S. CATON AVENUE. BALTO. MD. 21229 23d. LOCATION 23a BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 236 DATE (SPECIFY) Burial St. Andrew's Cemetery Dundalk Baltimore 24 FUNERAL DIRECTOR DHMH - 16 50M 1/B1 Hubbard Funeral Home, Inc. 4107 Wilkens Ave. ulia Dander (VRA 15, 4)

STATE OF MARYLAND







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noy be	(1.00	EDITH	С.	**	BENNETT	11	287 10 Am
m p p	3. SE		4. RACE	5. (DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
of of	/	FEMALE	WHITE		MONTH CIAY YEAR C 29 06	81 YR	
80 Mil 1/1	7a. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	DUNTRY? 8		9 BALTIMORE CITY OR COU	
death.		arvland	U.S.A.		ARRIED A NEVER MARRIED DOWED DIVORCED		CITY
1 1 1		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL	L, NURSING H	OME OR OTHER INSTITUTION	12e USUAL OCCUPATION	126. KIND OF BUSINESS OR
201	1	ALTIMORE	ST. AGNE	S HOSPI	TAL	HOMEMAKER	INDUSTRY
so that the death certificate be executed within 24 hours be by the attending physician and completer filled in by please remove carbon pages, Pages, and 2 seculed the function, or removed:	13o.	AL RESIDENCE (IF NURSING HOMEOF STATE 136. COUL			13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	
ANE C TO S	_		TIMORE WES	TOWNE	YES NO X	1000 11202011112	RD. 21229
# 15 /1/A	H)F/	ATHER'S NAME FIRST	MIDDLE	Pagray	15. MOTHER'S MAIDEN N	AME	LAST'
W P P P	1	RALPH	PI	SRCEY	EMMA	SUE	SMITH
Pice Pice		WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOC	CIAL SECURITY	NO. 17. INFORMANT	ADDRESS	
IMC		NO		2-42-73	88 HOLLY W. BEI	NNETT 305 WEST	WNE RD. 21229
Sicio Pers		18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE	nly one couse per line for t	al, (b), ond (c)	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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deoth certificate b deoth certificate b affending physicio over cardon popers rian, or removal.			DUE TO, OR AS A C			,	
STC Heath		Conditions, if any, which		ARY TR		$\sqrt{}$	
W. PRESTON not the deoth ce by the attending sse remove carb i, cremation, or a		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CO				
by the by the control of the control		underlying couse lost.		T LOWER		117	
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBU	TING TO DEAT		MINAL DISEAȘE OR CONDITION	GIVEN IN PART 1(a
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LR on one lo	Ĕ					YES NOW	YES NO
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OF V		OR CONTRIBUTING CAUSE OF DE		NTH DAY	YEAR		
HYSIC ading his cert buring a Mental or the	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJUI		21f LOCATION	CITY OR TOWN	COUNTY STATE
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low require of order this certifical to the no sign os the burial-transit permit. Then hand Mental Hadiner thin to be orked or frem.	¥	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTO	RY, OFFICE, FARM	ETC) STREET	CITY OR TOWN	COUNTY STATE
ENDING Pictor of the control of the		22a. I certify that (this hasp	ital) attended the deceas	ed from	10/28 10 8	7 10 11/2	19 87 that @ (we) lost
Spital CTOR: I for us of He		saw the deceased alive or	1/2	19 87	and that in ((aur) apinio	n death occurred an the date and	
AT Nosp		above, (n (we) (did) (did)	view the body ofter dec	oth.	DEGREE		224. DATE SIGNED
OR A he hos DIREC Doched Dept If frem		13/20/10/1	Italia I	Chin	ATTENDING	MEDICAL STAFF	10/15/87
Store de I	1	22d PHYSICIAN'S NAME (TYPE	· Court	1112	PHYSICIAN 22e ADDRESS	AGNES HOSPI	1-11-101
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TO HOSPITAL Of retoined by the TO FUNERAL Should be detail with the Stote [IMPORTANT: If		10 LAKE 1	VTSCHE	Tan		THE BALTMORE	, MD 21229
	230	BURIAL, CREMATION, REMOVAL			E OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY STATE
BP	26.5	BURIAL	11/4/87		DON PARK CEMETE	RY BALTIMORE	MARYLAND
DHMH - 16 50M 1/B1 (VRA 15, 4)		UNERAL DIRECTOR		ADDRESS	1 106.5	ATE REC'D. BY REGISTRAR 200 RE	Day Car - Volve
(VKA 13, 4)	H	UBBARD FUNERAL	HOME, INC. 4	107 WI	LKENS AVE	100 0 1301	

	FOR DEPARTMENT OF THE PROPERTY	STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE 7 3 1	6 2 5
9 NOV	1 DLCEASED NAME FIRST MIDDLE	LAST	20. DATE OF DEATH MONTH DA	1 70
	RICHARD STEWART	BENSON	11 9	87 1020 AM
	3. SEX A. RACE Cauc	S. DATE OF BIRTH		FUNDER LYEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.
3	76. BIRTHPLACE ISTATE ORFOREIGN 76. CITIZEN OF WHAT COUNTRY? Maryland U.S.A.	MARRIED A NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY O Balto City	DF DEATH MD.
)	10. CITY OR TOWN OF DEATH Baltimore 11. NAME OF HOSPITAL, NURSING IF NOT IN SUCH FACILITY, GIVE STREET AI St. Agnes H	HOME OR OTHER INSTITUTION	126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Sterling Chem	
San and a second	USUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE A 130. STATE 13b. COUNTY 13c. CITY OR TOWN Balto 14. FATHER'S NAME FIRST MADOLE LAST	13d. INSIDE CITY LIMITS? YES NO X 15. MOTHER'S MAIDEN NA	13e. STREET ADDRESS 2119 Edmondso	21 228
exon	Richard Stewart Benson	n Mamie	V	an Lill
medico	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECUR (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) W. W. II 216-09	17 NO. 17 INFORMANT -4219 Margaret	ADDRESS 119 L. Benson 21	Edmondson av
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE (b) Governise to immediate	2 STUNCTOINEU	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
shows ony injury, or other troumotic	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DI 19a DATE OF OPERATION 19b. CONDITION FOR WHICH C	EATH BUT NOT RELATED TO THE TERM	200 AUTOPSY? 20b. IF YES.	WERE FINDINGS USED ING CAUSES OF DEATH?
r Hem 18 sho	HOUR A.M. MONTH DA	Y YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	RT 1 OR PART 2)
	OR CONTINUOUS CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAI AT WORK AT WORK	21f. LOCATION	CITY OR TOWN	COUNTY STATE
	above, (I) (we) (did) (and not) view the body after death.		deoth occurred on the date and hour	
IMPORTANT: If Hem	276. SIGNATURE Stoul- (F. Parint) 276. PHYSICIAN'S NAME (TYPE OF PRINT)	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	224. DATE SIGNED
IMPOR!		ST, AGNE 6	FOSP (DAZ SOO) 123d LOCATION	J. CAPON AUE.
	Burial 11-12-87	Woodlawn Cemete	ery Baltimore	City Md.
/81		Ison Ave. 21 22 DAI	TE REC'D. BY REGISTRAR 25b. REGISTR	AR'S SIGNATURE

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PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART 1 OR PART 2) STATE COUNTY CITY OR TOWN and that in (my) (our) apinion death occurred an the date and hour and from the causes stated 22¢ DATE SIGNED FUNERAL old be deta DIRECTOR PHYSICIAN MPORTANT Dr. Richard Diamond, MD 3730 Falls Road, Balto., MD shoul with 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 73b DATE STATE CITY OF TOWN COUNTY Balto., 11/9/87 Green Mount MD Cremation 1987 AR 256, REGISTRAN'S SIGNATURE 24 FUNERAL DIRECTOR Jenkinsom Sons Co. H.W. DHMH - 16 60M 7/B4 NAME (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES -/

7h HOUR

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HOURS

12b. KIND OF BUSINESS OR

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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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1987

Miller

IF UNDER TYEAR

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DAYS

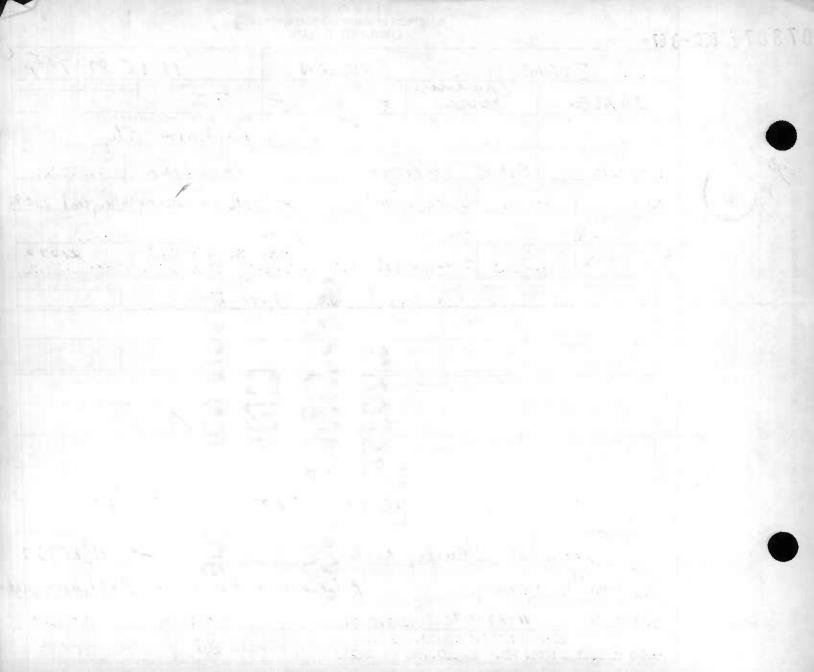
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7 1 3 4 9 NOV		REGISTRAR FASED NAME FIRST OF PRINTS	wioote	CERTIFIC	CATE OF DEATH	REG. NO. 20 DATE OF DEATH MONTH	DAY YEAR 2b HOUR
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noy be	3. 58		4 RACE	5. DATE OF		NOV. 7,1987	IF UNDER 1 YEAR IF UNDER 24 HRS
4 5 5		MAle	White	3-30	-1959 YEAR	28 yr	MONTHS DAYS HOURS MIN.
Page dire	7a. B	RTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT CO	UNTRY? 8		RAITIMORE CITY OR COLL	
oth.	Ba	altimore,MD.	U.S.A.	WIDOWED	NEVER MARRIED DIVORCED		
the for	FO C	TY OR TOWN OF DEATH	JOHNS HOPK	, NURSING HOME OR	OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	12b. KIND OF BUSINESS OR INDUSTRY
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ecute s - s - s - s - s - s - s - s - s - s	160	WAS DECEASED EVER IN U.S.	ARMED FORCES? 166, SOC		7 INFORMANT	ADDRESS	
Pog P	1	Yes No or unknown 115 Yes.	7-1985 219	-78-2443	Janice C. Be	reczky Pylocyj	al Road 11e.Md21132
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offending after this ce is the buri	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY	Y	TII LOCATION STREET	CITY OR TOWN	COUNTY STATE
NR ATTENDIN hospital ar IRECTOR: Af thed for use a ept. af Health Item 21 is ma		220. I certify that (I) (this had sow the deceased alive above. (I) (we) (dirth and the source)		19. 87 , and	that in (my) (our) apinion	7 , to 7	22c. DATE SIGNED
TO HOSPITAL O retained by the TO FUNERAL D should be detact with the State D. IMPORTANT: If I	1	22d. PHYSICIAN'S NAME (TYP	J. HOEHNE		22e. ADDRESSO	MEDICAL STAFF DIRECTOR PHYSICIAN D WOLFF ND	NOV 9,198 05PITAL 21205
5 5 5 4 3 F	23a.	BURIAL, CREMATION, REMOV.			METERY OR CREMATORY	23d LOCATION	-
BP		Cremation	11-9-87		nt Cemetery	Baltimore	Maryland STATE
	24. F	UNERAL DIRECTOR			PND	VE TE OB BOTTRANGULE	Carple on Children
DHMH - 16 60M 7/B4 (VRA 15, 4)	Jo	ohn C. Miller,	Inc6415 Be	lair Road-	21206		ALTERNATION OF THE SECOND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I DECEASED NAME LAST 20. DATE OF DEATH MONTH 26 HOUR SUNDAY, NOV. DIMERTE LEOL/ BERRY 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS FEMALE AUG. 8. BLACK To. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MARYLAND WIDOWED DIVORCED [BALTIMORE CITY IN CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12n USUAL OCCUPATION 17b. KIND OF BUSINESS OR (IF NOT IN SUCH EACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE MARYLAND GENERAL HOSPITAL MARYLAND 21201 RETTRED FOODS ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 21216 13a. STATE 136. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE MARYLAND BALTIMORE NO T 1707 N BLOCMINGDALE ROAD 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE FIRST ELMER COLLINS VASHT CLARA MAE **GWYNN** BALTIMORE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT APT LYES NO OF LINKNOWN (IF YES, GIVE WAR OR DATES) NO 1100 PENNSYLVAN. WALSTON APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:10 DIVISION OF VITAL RECORDS, ON Drindes CERTIFICAT 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 28a. AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO [21a. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ental MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY 0 CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, EARM, ETC.) STREET NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from 50 sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 775 SIGNATURE 22c. DATE SIGNED DEGREE DIRECTOR PHYSICIAN FUNERAL PHYSICIAN 27d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS May 1. JEFFOND IMPORT/ d b shoul with t 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 236. DATE CITY OR TOWN STATE BURIAL ZION CEMETERY LONG GREEN 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 Julia Dendern- Kondall LEWIS T. GWYNN 4517 PARK HEIGHTS AVE. 21215 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR SED NAME REG NO 20 DATE KNOWNXX 2h HOUR TYPE OR PRINT OF ESTI-Wesley 2, AND 3 TO THE FUNERAL DIRECTOR.
3, AND 3 TO THE FUNERAL DIRECTOR.
3 RETAIN PAGE 5 FOR YOUR FILES.
5 SHOULD BE FILE, WITHIN 72 HOURS.
ALL RECORDS, 201 W. PRESTON STREET, DEATH MATED John 19 87 Bethea 3 SEX 4 RACE DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY 9:15 PRONOUNCED 3/9/21 66 DEAD MALE BLACK 11 - 31987 YRS D - M Th. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED XNEVER MARRIED FOREIGN COUNTRY! USA Baltimore City, CAR. DILLON. S. WIDOWED DIVORCED ID CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS SPARROWS POINT Baltimore 705 N. Fremont Avenue USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13h COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 705 N. FREMONT AVE. BALTO. YESX MD B. GIVE PAGES 1, 2, A WITH FORM PM 3. I 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST LAST LAST LULA BETHA FLOYD ANDREW 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT ADDRESS (IF YES, GIVE WAR OR DATES) BETHA 705 N. FREMONT 30 6183 ERNESTINE N/A 577 8. € ICAL EXAMINER ALONG WIT A BURIAL-TRANSIT PERMIT. P. H AND MENTAL HYGIENE, DIV MATION, OR REMOVAL. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF IN PENCIL IN EXAMINER Conditions, if ony, which gove rise to immediate couse (o) stoting the under-THIS CAN THE WALL THE WELL THE SWARDED TO THE CHIEF MELL THE STATE DEPARTMENT OF HEALTH AND MEN STATE DEPARTMENT OF HEALT DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [X XON 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 TE PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN WHILE AT WORK STATE EXECUTE THE CERTIFICATE, WRI PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR, PAGE AFTER DEATH, WITH THE STATE BALI_MORE, MARYLAND, 2120 Inspection X 220. I certify that I took charge of the remains described above, held on Autopsy Inquiry and in my opinion deoth resulted fram: Notural couse Homicide Undetermined monner TITLE (SPECIFY ACTUAL Deputy Chief 11-4-87 SIGNATURE MEDICAL EXAMINER XAMINER'S NAME 111 Penn St., Balto., Md. Ann Dixon, M.D. 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY COUNTY STATE BALTO., MT. AUBURN MD. BURIAL 11/6/87 07/84 25M 24. FUNERAL DIRECTOR 25g. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) LEROY O. DYETT 4600 LIBERTY HEIGHTS AVE. NOV

	Ι,	FOR		DEPARTA		E OF MARYLAND BEALTH AND MENTAL H	YGIENER 7		3 6	3 3			
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1 2 2 2	Ĕ						YES T NO	X]	N CERTIFYING CAUS	ES OF DEATH?			
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Par of the		abave, (1) (we) (did) (did 22b. SIGNATURE	not view the bady	after death		DEGREE MINS				TE SIGNED			
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A 55 5 7	1	224. PHYSICIAN'S NAME (TYP	E OR PRINT)				WILLY HOME		21231				
PORT,		VIKENDRA	K.	SAXENA			BALTIMORE	1	no 21231				
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	/		CEASED NAME	FIRST		MIDDLE		LAST	20. DATE K	NOWN MO	NTH DAY	YEAR 26 HOUR
N	MAN SET			John		E.	E	Bisesi		MATED X	11 20 1	19 87 A
is	55458	3. SEX			S. DATE OF BIRTH	6 AGE (IN Y YEAR LAST BIRTHE		DER 1 YR. IF UNDER	24 HRS. 2c. DATE	MON CED	ITH DAY	YEAR 2d HOUR
18	SYSSE S	100		HITE	DEC. 10,		RS.		DEAD	1		19 8/1 D M
-	NASE E	FC FC	RTHPLACE (STATE OF		76. CITIZEN OF W		8. MARR	IED NEVER MARRI	ED S P BALTIMO	ORE CITY OR CO	UNTY OF DE	EATH
	N 2 0 3	in Ci	MARYLAND TY OR TOWN OF DE	ATU		STATES SPITAL, NURSING HOM	WIDOW		IZa. USUAL OCCUP.	altimore		MD
	が 集造 温和	1			(IF NOT IN SUCH FA	ACILITY, GIVE STREET ADDRESS)		IER INSTITUTION	FOR MOST OF WORK	ING LIFE)	OR OR	D OF BUSINESS INDUSTRY
3	BON S	JSUA	Baltimore RESIDENCE (FINA	URSING HOME O	529 (Cambria Str	eet		PRINTER		HRT	Co.
120	CONTRACT	130. S	TATE ARYUAND	136 COUN	TYDALTO, CITY	13c. CITY OR TOWN	بيره	13d INSIDE CITY LIMITS? YES NO	13e. STREET ADDRES		211	270
9	- CANA	1717	THER'S NAME	17-11-11-		BALTIMOR	-6	15. MOTHER'S MAIDE	529 CAN	IBRIA ST	. 1	225
, N	E-805		JOHN		MIDDLE	BISESI		FIRST	AIL	DDLE .	C	LE
MON	8087	16a V	VAS DECEASED EVE	R IN U.S. ARA	AED FORCES?	166. SOCIAL SECURI	TY NO.	17. INFORMANT	70	ADDRESS 33	3 Bigi	EV AVE.
5	A TOO	(,	es, no, or unknown)	(IF YES, GIVE V	WAR OR DATES)	212 44 32	895	GEORGE A	BISESI	BALT	MORE	MD 21227
8	2 M V F G		18. CAUSE OF DEA	ATH (Enter anl	y ane cause per line	far (a), (b), and (c).)					APP	PROXIMATE INTERVAL EEN ONSET AND DEATH
S N	ERME SERVE		PARTIDEATH	WAS CAUSED IMMEDIAT	E CAUSE (a)	Gunshot wou	nd of	the neck	(hand	lgun)	derive	in order and bearing
esto	A STANTANTON				DUE TO, OR	AS A CONSEQUENCE	OF					
8	MAN SAN SAN SAN SAN SAN SAN SAN SAN SAN S		Conditions, if gave rise to	immediate	(b)		-1	Art.				
×	WENT ON THE		lying cause las		DUE TO, OR	AS A CONSEQUENCE	OF				100	
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ORO	D BE EXECU- ENDING" IN MEDICAL EN AS A BURIN EATH AND CREMATION	Z	TAKI Z OTNEK SIGNIFICA	INI CONDITIONS	CONTRIBUTING TO DEATH	BOT NOT KELATED TO THE TER	MINAL DISEAS	E OR CONDITION GIVEN IN PAI	N 1 (a)			
8K	PENDIN F WEDIC ED AS A E HEALTH AL, CREM	CERTIFICATION	19a. DATE OF OPER	RATION	19b. CONDI	TION FOR WHICH OPE	RATION W	'AS PERFORMED?			2D AL	JTOPSY?
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NISI V	S Z O S G G	MEDICAL	214 INJURY OCCU		STREET EAC	OF INJURY (AT HOME,		CATION	CITY OR TOW	N	COUNTY	STATE
٥	WRIT WARDE WARDE PAGE 3 TATE D	1	WHILE NO	WORK		home	52	9 Cambria S	St., Balto).		MD
	ATE. SATE. NO.		220. I certify tha	t I taak charg	e af the remains de	scribed abave, held an	Autap	and or special and the special	Inquiry	, and in m	y apinian	
	MIN BE DE L FECT YLA		death resulted fra	m: Matur	ol course	Accident . S	vicide X	, Hamicide .	Undetermined mar	nner .		
	MAR. WILD		ACTUAL	A	1	2X		TITLE (SPECIFY)		D	ATE 1	1 10 1 10 7
	SHO SHOW		SIGNATUR	1 1		(X)	<u> </u>	.D. ASSISTAN	MEDICAL EXAMI	NER SK	GNED	1/24/87
	MED STATE	1	TYPE OUPRAN	Cha	rles P. I	Kokes, M.D.		ADDRESS 111 1	Penn St.	F	Balto.	MD.
	TO MEDICAL EX. EXECUTE THE CER. PAGE 4 SHOULD TO FUNERAL DII AFTER DEATH, W. BALTIMORE, MAI	73a.B		REMOVAL 2		23c NAME OF CE		ADDRESS	23d. LOCATION CITY OR TOWN	*		
07/84	BP	{5	BURIA.		Vov. 27,198			MEM. PARK	ELKRIDG	E H	OWARD	MD
25M	DHMH - 17		INERAL DIRECTOR		4003	204 MOUNT	IN R	D. 25a. DATE R	EC'D. BY REGISTRAR	255 REGISTRAT	S SIGNATU	
	(VR A15 ME (S))	M	CULLY FUN	ERALH	omes t	ASADENA, 1	UD 2	1122 ULU (11987 8	THE LEWIS		

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				STATE OF MARTLAND		1 7 9 1
451 NOV	1218	FOR STATE REGISTRAR	DEPA	CERTIFICATE OF DEATH	REG. NO.	0 3 0
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
may be page 3 ter death	(TYP	BET	TY JEAN	BLACKSTON	NOVEMBER 4, 19	987 4;30A M
may may	3. SE	X	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
director.	100	Fema1e	Black	Aug. 21, 1942	45 YR	MONTHS DAYS HOURS MIN.
		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT		9. BALTIMORE CITY OR COUN	
n 72	/	orth Carolina	U.S.A.	WIDOWED DIVORCED &	BALTIMORE CITY	Y MD.
the the		ITY OR TOWN OF DEATH		RSING HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	G LIFE) INDUSTRY
thed the	E	BALTO	THE JOHNS H	HOPKINS HOSPITAL	Homemaker.	Home
d be	USU 13a	AL RESIDENCE (IF NURSING HOME OF STATE 136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE B		13e STREET ADDRESS / ZIP CO	ODE
filled	Ма	ryland n/			1615 E. Chase	
2 sh	14. F	ATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA	MIDDLE	LAST
P S S	Sept.	Willie	Oates		MODIE	Pegues
lica lica		WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL S	SECURITY NO. 17 INFORMANT	ADDRESS 12512	Veirs Mill Dd #10
medi g		No	579-56	-2954 Renee Oates	(sister) Rockvi	Veirs Mill Rd,#10 ille, MD 20853
1 2 ±		18 CAUSE OF DEATH (Enter	anly one couse per line for (a), (b	I, and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
even even		PART I. DEATH WAS CAUS	ATE CAUSE (0) CARCO LOL	carrest		2 minutes
ar re		1	DUE TO, OR AS A CONSE	EQUENCE OF		
the atten remove c emotion, er traum	1	Conditions, if any, which	(16) Respira	bry Annest		Sminutes
rem emo		gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSE	EQUENCE OF		C
ease ren al, crem or ather		underlying cause last.	(c) acute	nyeloid leukemia		Jrnz
signed hen pla ta burii njury, o	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	GIVEN IN PART 110
prior to	CERTIFICATION	19g. DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATION WAS PERFORMED		YES, WERE FINDINGS USED
S D oc	4				YES NO NO IN CER	RTIFYING CAUSES OF DEATH? YES \(\sum \) NO \(\sum \)
burial-transit Mental Hygiel	W W	210. ACCIDENT WAS UNDERLYING			RED (ENTER NATURE OF INJURY IN ITEM	
al-tr		OR CONTRIBUTING CAUSE OF D		DAY YEAR		
buring A	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	211. LOCATION	CITY OR TOWN	COUNTY STATE
After this os the booth and a	Z	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC)	CHTOKTOWN	31710
se os se os solth mork			pita Dattended the deceased fro	om Nov 2 198-	1 10 NOV 4	, 198 , that (I) (we) last
for us of He 21 is		saw the deceased alive of			death occurred on the date and	hour and from the causes stated
REC ped ept.		226 SIGNATURE	nor) view the body after death.	DEGREE		22c. DATE SIGNED
0 20 +		Yeu	KI	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	F8-4-11
FUNERAL UID be det		226 PHYSICIAN'S NAME (TYP	E OR PRINT)	22e. ADDRESS		
		CAROLE 1	3 Miller	ma 600 x	Broadway Br	ILT MD2BOS
of S M	23a.	BURIAL CREMATION REMOVA	AL 23b. DATE	23c NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
		Burial	8 Nov 87	Rest Haven	Wilson, No	orth Carolina
MH - 16 60M 7/84		UNERAL DIRECTOR	ADDR		TE REC'D. BY REGISTRAR 256 REC	SISTRAR'S SIGNATURE
(VRA 15, 4)	0	apitol Funeral	Service, Falls	Church, VA NOV O	9 1007 11 1	order Products
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	1		STATE OF MARYLAND		200 0 000 000
7 NOV 2	B Bi	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE / REG. N	3 1 6 3 8
		CEASED NAME FIRST	MIDDLE	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
e de	(,,,,,	Wille	am NMI Bloudt		11 13 87 8
	3. SE.	`A.A	4. RACE 5. DATE OF BIRTH	& AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
		10	Black OS 03 7	1 60	YRS
Sule.		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	9. BALTIMORE CITY O	R COUNTY OF DEATH
0		Manyland	USA WIDOWED DIVORCED	0 Daltin	or City MI
No.	10 C	TY OR TOWN OF DEATH	11. NAME OF HÖSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (I) NAME OF HÖSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (I) NAME OF HÖSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	(TYPE OF WORK FOR MOST OF	F WORKING LIFE) INDUSTRY
St be	USU. 13a. S	AL RESIDENCE (IF NUTSING HOME	OR OTHER INSTITUTION, GIVE RESPENCE BEFORE ADMISSION UNTY 13d, INSIDE, CITY LIMITS		21211
T. B.		1901 130	alto Coly Balto City YES DI NO []	1707 L	orman ST
) E	14. FA	THER'S NAME	MIDDLE LAST IS. MOTHER'S MAIDEN	NAME	LAST
exor		Unknow		eyou V	
dicol		VAS DECEASED EVER IN U.S. A	ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT	ADDRE	SS
e medi	- 6	MEMOUN	223-48-4174 Patient		
÷.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS	anly one couse per line for (o), (b), and (c1.)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ever	1.00		ATE CAUSE (0) RESPIRATORY AMEST		10 minutes
or or		1-2	DUE TO, OR AS A CONSEQUENCE OF	- 0	
r fraum		Conditions, if any, which gave rise to immediate	(16) Cere. Workscolor acci	Ment	
ther 1		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF		
	z	PART 2. OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CON	DITION GIVEN IN PART I (a)
	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	20e AUTOPSY?	206. IF YES, WERE FINDINGS USED
1	띪	6.00		YES TO NOT	YES NO NO
	1	21a. ACCIDENT WAS UNDERLYING		CURRED (ENTER NATURE OF INJU	
or Hem 18 sh		OR CONTRIBUTING CAUSE OF D			
- I	MEDICAL	21d. INJURY OCCURRED	218. PLACE OF INJURY 211 LOCATION		
orked	X	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET	CITY OR TO	WN COUNTY STATE
E			spital) attended the deceased from	87.10 11/13	19 19 that (I) (we) lost
21 is		The same of the sa		nion death occurred on the d	ote and hour and from the causes stated
E	77	226. SIGNATURE	nat) view the body after death. DEGREE		221. DATE SIGNED
E	0.00	12.911	Drong J M ATTENDIN PHYSICIA	IG MEDICAL STA	
Ž		224 PHYSICIAN'S NAME (TYPE		DIRECTOR D FH1310	TAIN (D)
IMPORTA		A.W. DOV	nerice MD Vaiv	of und H	TOSATAL
s <u>«</u>	23a. 8	URIAL, CREMATION, REMOVA	AL 23b. DATE 23c NAME OF CEMETERY OR CREMATO	DRY PALLOCATION	COUNTY
		BURIA	111-22-87 MN. LION Cem		m.
1/81	24. FI	INERAL DIRECTOR	06 W. North Augres 1+0 Md	DWEN CHESTBAR	25K-BELTHERBARE CHICAGON COME
	1	11m / K 200	Balto. Md.	U memory	à.

			E OF MARYLAND	Dry.	* 1 6	7 0
71367 NOV 10	FOR STATE REGISTRAR		ICATE OF DEATH	REG. NO	3 0	3 X
nay be page 3	DECEASED NAME Franklis FRANKLIS FRANKLIS	n Joseph D	BLUM		MONTH DAY YEAR 11 - 7 - 87	3'A
ge 4 r	Male A. RACE	WILLCE MONI	0F BIRTH + 9/7 5/AY 193 7/AR - 7 - 37	6. AGE (IN YEARS LAST BIR	YRS DAYS	HOURS MIN
deoth. Po	Mary Tand	US A WIDOW		Baltin	100	^
1 4 4 5	Baltimore / W	ME OF HOSPITAL, NURSING HOME HOT IN SUCH FACILITY, GIVE STREET ADDRESS	OR OTHER INSTITUTION	(TYPE OF WORK FOR MOST O Court Cler	F WORKING LIFE) INDUSTRY	Maryla
AND 21	SUAL RESIDENCE (IF NURSING HOME OR OTHER IN: 10. STATE 136. COUNTY Maryland Baltimo	13c. CITY OR TOWN	134. INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS 1517 Nation	nal Road 2	21237
E, MARYL complete l l and 2	FATHER'S NAME FIRST MIDDLE Frank	Blum	15 MOTHER'S MAIDEN NA FIRST Helen	MIDDLE	Radzevich	
TIMORE on and c	O. WAS DECEASED EVER IN U.S. ARMED FO (YES, NO OR UNKNOWN) (# YES, GIVE WAR OR NO		17. INFORMANT Elizabeth Bl			21237
ST., BAL	18 CAUSE OF DEATH (Enter only one of PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUS		non-oat cell	lung carci	APPROX BETWEEN	onset and death
NG PHYSICIAN: The law requires that the death certificate be executed within 24 haurs attending physician. After this certificate has been signed by the attending physician and completely find it is so the burial-transit permit. Then please remove corbanpopers. Pages 1 and 2 had 2 had an and Mental Hygiene prior to burial, cremation, or removal.	Conditions, if ony, which gove rise to immediate	E TO, OR AS A CONSEQUENCE OF (b) E TO, OR AS A CONSEQUENCE OF				
RDS, 201 equires the n signed Then plec to burtal	PART 2 OTHER SIGNIFICANT CONDITI	IONS <u>CONTRIBUTING TO DEATH</u> BU	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVEN IN PART 1	la
TALRECON The law re ician. Te has been te has been sist permit.	196. DATE OF OPERATION 196 216. ACCIDENT WAS UNDERLYING 216.	. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES ☑ NO□	206. IF YES, WERE FINDS IN CERTIFYING CAUSE: YES	NGS USED S OF DEATH?
ON OF VITAL HYSICIAN: The ding physician by burial-transit p Amental Hygier r Herri 8 shou	OR CONTRIBUTATO CAUSE OF OTATILE HE	TIME OF INJURY OUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCUR	RED (ENTER NATURE ÓF INJUI	RY IN ITEM TB, PART T OR PART 2)	
DIVISION DING PHYS ar attendir After this se as the bus only and M marked or	CHE ETHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE (AT WORK AT WORK (AT WORK)	PLACE OF INJURY HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TO		STATE
NTENDI spiral or CTOR: A for use of Heal	270.1 certify that (1) this hospital) attended to sow the deceased alive on above, (1) presided (did not) view t	inded the deceased from	nd that in (my) our) opinion	death accurred on the de	ote and haur and from the	
OR he	27b. SIGNATURE Wellia Be	Am some		MEDICAL STAI	F .	7-87
HOSsined by the hose	22d. PHYSICIAN'S NAME (TYPE OR PRINT) Welba Bein	e M.D.	mescy Hos	stal F	Selfenone	Ann
200	BURIAL, CREMATION, REMOVAL 23b. C (SPECIFY) Burial NO	7 10 07 6-13	of Faith Cem	23d LOCATION CITY OR TOWN Baltimor	e Co Maryla	stat ^e
DHMH - 16 50M 1/B1 (VRA 15, 4)	FUNERAL DIRECTOR DIPPEL FU 7110 DAME 7110 DELAIR ROAD B	NERAL HOME, INC. BALTIMORE, MD 212	25a. DA1	E REC'D. BY REGISTRAR	ZSID REGISTRAR'S SIGNA	REFO

7	1020	NON	FOR STATE REGIS	TRAR		DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 7	3 1	6 4 0
31	1028	NOV -	TYPE OR PRINT			MIDDLE		AST	2a. DATE OF DEATH	MONTH DAY	YEAR 2b. HOUR
	y be			ANTHO	NY	J.	300	FLIA		11 02	87 207pm
	4 may be tor, page offer deat		3. SEX		4. RACE		5. DATE (6. AGE (IN YEARS LAST B	IRTHDAY) IF	UNDER TYEAR IF UNDER 24 HRS
	Poge 4		MA	LE	WH	ITE	Ser	t. 8, 1909	78	YRS.	DATS HOURS MIN.
	h. Po	Se Con	70. BIRTHPLA	CE (STATE OR FOREIGN		WHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY O	FDEATH
	deat	0		ryland	US		WIDOW	D DIVORCED	BALTIMON	RE E	ATY MD.
=	ofter of the function of the f	4	0	TT MORE	11. NAME OF I	HOSPITAL, NURSING FACILITY, GIVE STREET	ADDRESS) .	DR OTHER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOST	OF WORKING LIFE)	
2120	in b	e -	USUAL RESI	DENCE (IF NURSING HOME	OR OTHER INSTITUTION			11081	Ret. Elec	tric We	Lder
202	24 h	The state of	Maryla Maryla	13b. COI	UNTY	13c CITY OR TOW		13d INSIDE CITY LIMITS?	13e STREET ADDRESS		01014
YEA	c + Se	0	14 FATHER'S			1 Dartimo	or.e	15. MOTHER'S MAIDEN NA	3506 Ails	a Ave.	21214
MARYLAND		exorp	Joseph	FIRST 1	MIDDLE	Boglia		First Lucia	MIDDLE		Unknown
ORE,	e executed	diçol		CEASED EVER IN U.S. A	ARMED FORCES?	166. SOCIAL SECU	IRITY NO.	17 INFORMANT	ADD	RESS	
BALTIMORE,	be es	the med	No	14 123.0	Site was or Dates;	215-07-4	617	Mrs. Dolore	s A. Bogli	a Same	as #13e
DIVISION OF VITAL RECORDS, 201 W. PRESTON	gned by the attent	to buriol, cremation, ar i njury, or ather traumatic	gave couse under	tions, if any, which rise to immediate (a), stating the lying cause last.	DUE TO, O	r as a consequi	ENCE OF	LEROTIC TAND			IN PART 110
AL RECOR	on. Not been	2	21g. AG	TE OF OPERATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, V IN CERTIFYIN	VERE FINDINGS USED NG CAUSES OF DEATH?
VII	y y second	8 8	21a. AC	CIDENT WAS UNDERLYING				21c. HOW INJURY OCCURE			
0	K P P	D 10	OR COM	ITRIBUTING \(\text{CAUSE OF D}\) HER NOTIFY MEDICAL EXAMIN	LAIN	M. MONTH D. M	AY YEAR				
ON	E 0 1	6 8		JURY OCCURRED	21e. PLACE	OF INJURY		21f. LOCATION	CITY OR T	01181	COUNTY STATE
VIS	of the	morked	WHILE AT WORK	NOT WHILE AT WORK	(AT HOME, STR	REET, FACTORY, OFFICE, F	ARM, ETC)	STREET	CHY OR 1	OWN	COUNTY STATE
۵	A A S	90	22a I c	ertify that (I) (this has	pital) attended ₁ th	e deceased fram_	112	87 19 3	/ , to 11	2 , 19	8Z, that (I) (we) last
	Pitter Pitter	2 1	sa	w the deceased alive a	n 41	2 19	871.01	d that in (my) (aur) apinion (death accurred on the	date and hour a	nd from the causes stated
	he hou	f hem		SNATURE	DUVE	diegdedin.		DEGREE ATTENDING	MEDICAL STA	AFF	22c. DATE SIGNED
	PITA PY PITA	A A	22d, PH	YSICIAN'S NAME (TYPE	OR PRINT	9		PHYSICIAN [DIRECTOR PHYS	ICIAN DE	111/2/0/
	D HOSPIT O FUNER	MPORTANT		ESAR	M PEI	VA			AMARITY	AN HO	SPITAL
	De Se	2-3	23a BURIAL,	CREMATION, REMOVA	AL 23b. DATE	230 1	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		
	BP		Buris	al	11-6-8	7	Sacre	d Heart Jesus	Dunda		timore, Maryla
	DHMH - 16 60 (VRA 15,		24 FUNERAL		la Trop	Baltimo		25a DAJ		756. PEGISTRA	15 % SHATURALAN

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חליח	CRI MOV -	67			CERTIFICA	TE OF DEATH	0 / 13	0 9 1
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	poge 3		AMBRO	SE LEONARD	BOHAGER		110	-AM
	or of o	3. SE	(4. RACE	5. DATE OF BIR		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	A of the state of		Malo	Caucagian	MONTH	1 A TO	65	MONTHS DAYS HOURS MIN.
	director,	and the same of th			V2 1	10 22		OF DEATH
	12 P	74. 01	OUNTRY)	78. CITIZENOF WHAT COOKIN	MARRIED 2	NEVER MARRIED	Po Hamaru	OF GEATH
	deo de o		1110.		WIDOWED	DIVORCED [12000	MD.
	er wet	10 CI	TY OR TOWN OF DEATH			HER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
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0 2	d b			INTY II3 OTY OF TO		INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE	. < +
Z	in 24		1.01	1200	YE		11117 Bonsal S	Street, 21224
3	ain Sely	14. FA		AAIDDI 5	15. A			9
MARYLAND 21201	D D OX							choppert
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	(VRA 15, 4)	S	CHIMUNEK FUN	ERAL HOME, Bal	Lto, Md.	21213 NU	V 3 198/ 1" - 1	withon Pandage

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG NO DECEASED NAME 20 DATE KNOWN 2h HOUR 0707290 ESTI-Milton Roland DEATH MATED Bolander 1987 4 RACE A AGE (IN YEARS | IF UNDER 1 YR 2d HOUR DATE LAST BIRTHDAY PRONOLINCED 8:12 Feb. 19, 1925 62 Male White DEAD BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRYS U.S.A. Maryland WIDOWED Baltimore City DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE)
Electrician Beth. Steel 3809 Hamilton Avenue Baltimore SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30. STATE 13d INSIDE CITY LIMITS?

YES NO Baltimore 3809 Hamilton Ave. 21206 Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Exeter, PARES 18643 Bolander (YES. NO, OR UNKNOWN) Anita L. E. Gunshore, 124 Jean St. WW II 220-14-3962 Yes 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BATTIMORE, MARYLAND 3 22a. I certify that I taak charge of the remains described above, held on Autopsy ond in my opinian death resulted from A | Natural causes Undetermined manner TITLE (SPECIFY) ACTUAL DATE 11/2/87 Assistant **SIGNATURE** EXAMINER'S NAME Mario F. Golle, Jr, M.D. ADDRESS Balto.MD. 111 Penn St. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE (SPECIFY) Baltimore Nov. 4, 1987 St. Paul's Evan, Luth Burial 07/84 25M ROBERT C. ALTENBURG FUNERAL HOME, INC. **DHMH - 17** Julia Davidson Randall 6009 Harford Rd., Baltimore, Md. (VR A15 ME (5))

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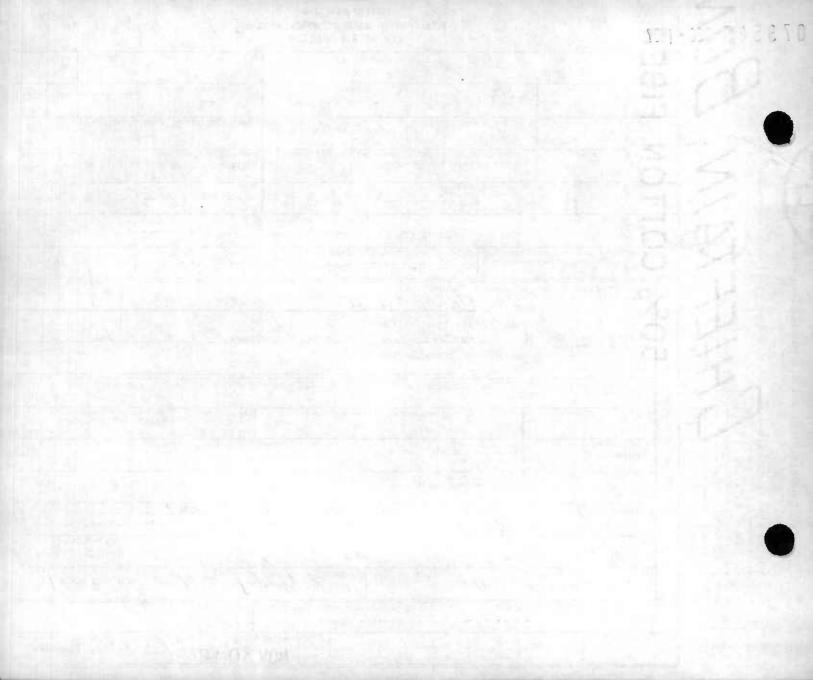
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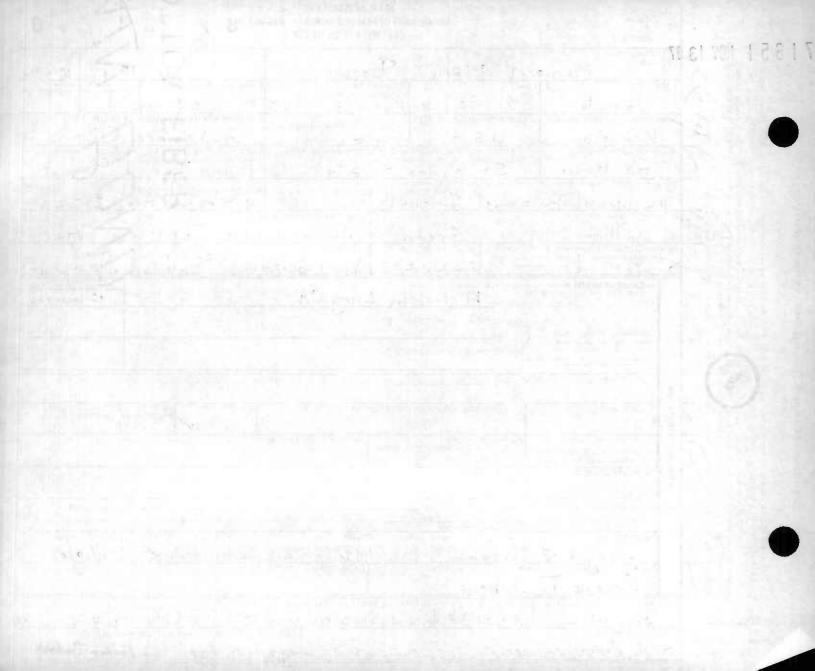


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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR GOECEASED NAME 20 DATE KNOWN DE MONTH Nathan D. Boone DEATH MATED 4. RACE SEX 6 AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS DATE YEAR PRONOLINCED MALE **BLACK** 2 5 47 46 YRS 76 CITIZEN OF WHAT COUNTRYS 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) USA Baltimore City ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION UNEMPL OYED 1408 Aisquith Street NA Baltimore 13e STREET ADDRESS 1408 AISQUITH STREET 13d INSIDE CITY LIMITS? 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST **JAMES BOONE** ROSE MCWAYNE 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16h SOCIAL SECURITY NO 218-36-0774 AVA MAE POWELL 939 CALVERT STREET APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Hemoperitoneum DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which Rupture of aneurysm of left internal iliac artery gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. (c) Arteriosclerotic cardiovascular disease PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) Cirrhosis of liver, Chronic alcoholism 19g. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E 3 SHOULL E DEPARTMENT OF YES X NO 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET COUNTY WHILE AT WORK PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE: AFTER DEATH, WITH THE STATE C BALTIMORE, MARYLAND, 21201 Inspection Homicide Undetermined manner TITLE (SPECIFY) ACTUAL Chief 11-22-87 SIGNATI MEDICAL EXAMINER John E. Smialek, M.D. ADDRESS 111 Penn Street, Baltimore, MD 21201 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a BURIAL, CREMATION, REMOVAL 23b DATE 11/25/87 MOUNT AUBURN CEMETERY BALTIMORE 07/84 25M 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR NAMEC. MARCH F/H, INC. 1101 E. NORTH AVENUE **DHMH - 17** (VR A15 ME (5))

STATE OF MARYLAND

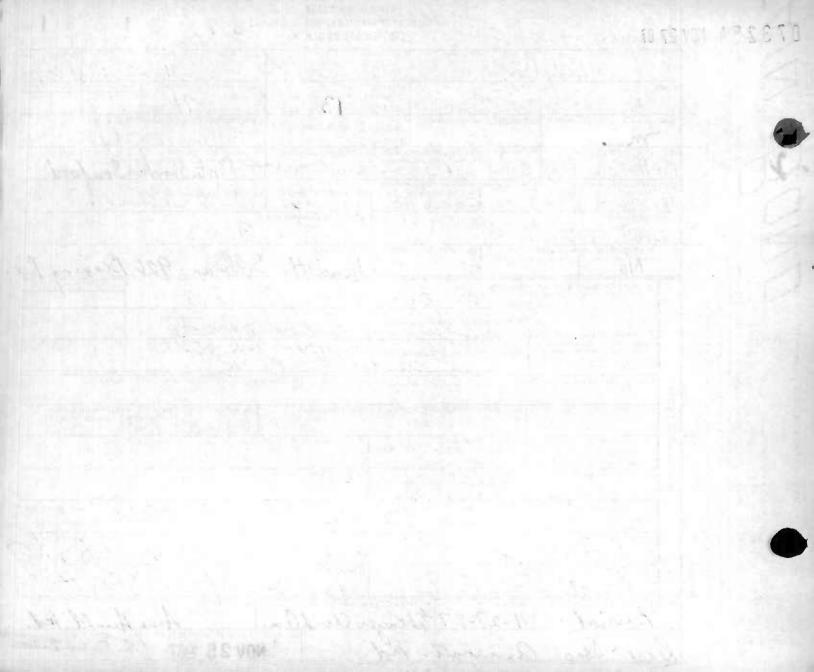
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DHMH - 16 60M 7/84	24. F	UNERAL DIRECTOR	ADDRESS	25a. DAT	E REC'D. BY REGISTRAR 256. REG	The same of
(VRA 15, 4)	5	LACK FUNFRAL	tomis FULCOTTO	ITV MD 2 WAY	V 1 3 1007 Auto	Divideon Randalle



alex Levider - 1/2

DHMH - 16 60M 7/84

(VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 072567 NOV 20 DECEASED NAME KNOWN S 2a. DATE MONTH DAY (TYPE OR PRINT) E, Emma Bougourd DEATH MATED 11-17 87 4 RACE . SEX 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 2d HOUR 2c. DATE LAST BIRTHDAY PRONOUNCED 6:01/ Cauc 1912 DEAD 70 BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) MD USA baltimore city DIVORCED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION CTYPE OF WORK 1126 KIND OF BUSINESS Factory Worker Paper Church Hospital Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21224 13c. CITY OR TOWN 13e, STREET ADDRESS 13b. COUNTY 13d. INSIDE CITY LIMITS? Ellwood Ave Balto 419 S. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Elizabeth John Bougourd Unknown 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 21224 (YES, NO, OR UNKNOWN) 214-18-2351 No James G. Bougourd 419 S. Ellwood 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? FORWARDED TO THE UNITED BY TOR: PAGE 3 SHOULD BE UT THE STATE DEPARTMENT OF BHILE YES NOT 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE NOT WHILE COUNTY STATE TO MEDICAL EXAMINER: IN EXECUTE THE CERTIFICATE. VPAGE 4 SHOULD BE FORW TO FUNRAL DIRECTOR: PATER DEATH, WITH THE STY BALTIMORE, MARYLAND, 2 Inspection X 22a. I certify that I tog ge of the remains described about held on Autopsy and in my apinion death resulted from Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 11-17-87 SIGNATURE EXAMINER'S NAME Charles P. Kokes, M.D. ADDRESS 111 Penn Street, Baltimore, MD 21201 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial Baltimore STATE 11/20/87 Oak Lawn Cemetery Md. 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 21224 John A. Moran, Inc. 3000 E. Balto St DHMH - 17 Pulia Deviden Randals (VR A15 ME (5))

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

ulia Devidern Re

074136 DEC +787 TATE CERTIFICATE OF DEATH REG. NO 1. DECEASED NAME 2n DATE OF DEATH YEAR 2b HOUR (TYPE OR PRINT) DENCER NOV 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 4 PACE LaucasiAN 1912 Nau 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED CITY OR TOWN OF DEATH M. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY TEACHER EDUCATION LAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE WASHINGTON RD WESTAUNSTER INFATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE SPENCER 60, WAS DECEASED EVER IN U.S. ARMED FORCES? -1636 John H. BeWER (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 612 WASAING-TON RD 21157 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO [YES I 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 211. LOCATION 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased fram sow the deceased alive on_ , and that in (my) (aur) opinion death accurred an the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the bady after death 226. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS MAJINAJARIAN kour) KON 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE P BETHER CEMETERY CITY OR TOWN STATE INKS BURG MD.

DHMH - 16 60M 7/84 (VRA 15, 4)

UNERAL DIRECTOR

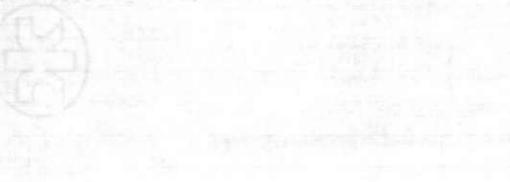
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AND 212	130.	UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION ONE RESIDENCE BEFORE ADMISSION) STATE 136. COUNTY 137. CITY OR TOWN 138. INSIDE CITY LIMITS? 179. STREET ADDRESS 11205 Lenax Drive	20772/22/23
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BP		BURIAL, CREMATION, REMOVAL 236 DATE 11/20/87 Ft. Lincoln Cemetery Brentwood P.G.	Maryland
DHMH - 16 50M 1/81 (VRA 15, 4)	24 F	FUNERAL DIRECTOR Hrancis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Avenue Hyattsville, Maryland 20781	on feedale

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH - 16 60M 7/84 (VRA 15, 4)

- STATE

1101 E. NORTH AVENUE MARCH F/H, INC.

11/16/87

230. BURIAL, CREMATION, REMOVAL

BURIAL

(SPECIFY)

24 FUNERAL DIRECTOR

MOUNT ZION CEMETERY

CITY OR TOWN

LANSDOWNE

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE ulia Dividion.

22c. DATE SIGNED

COUNTY

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26 HOUR 12:01_{a M}

12b. KIND OF BUSINESS OR

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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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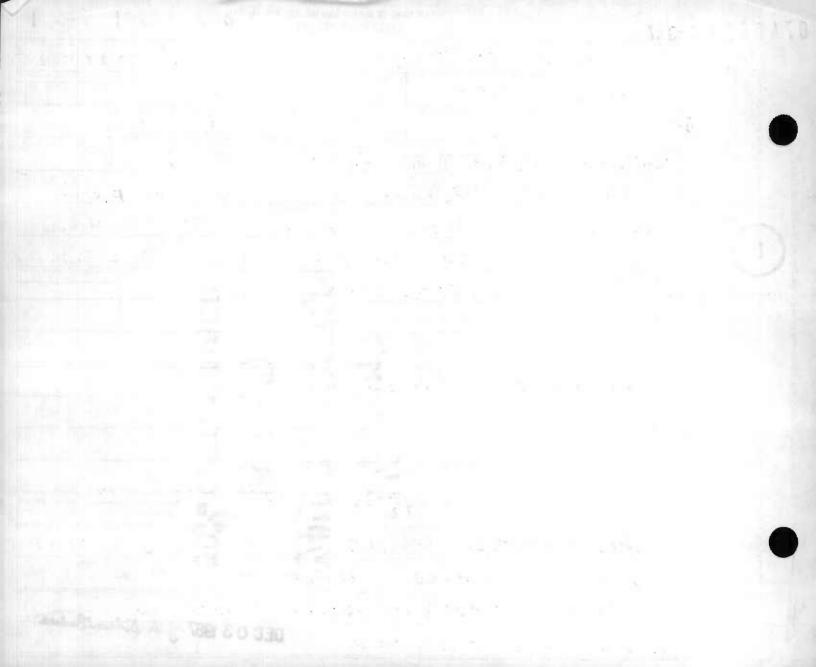
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INDUSTRY

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neral dir in 72 hau		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED		BALTIM		M
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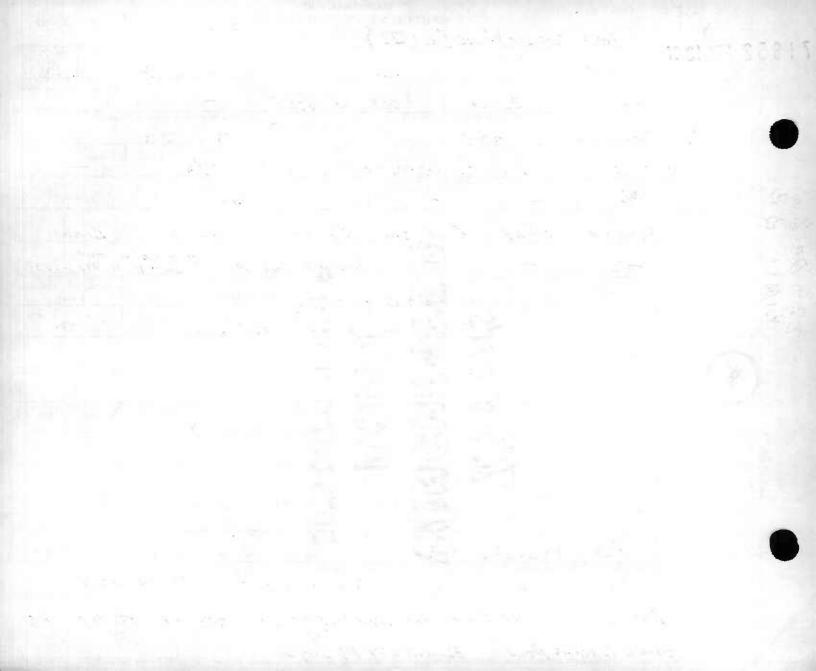
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			7	STATE OF MARYLAND		
		1		MENT OF HEALTH AND MENTAL HY	GIENES 7 3 1	6 6 6
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	4 60	_				17 /7 //
	6 73	3. SE	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR		IF UNDER 1 YEAR IF UNDER 24 HRS
	\$ \$ E	1	rale American Endias	1 11 23 87	YRS.	ONTHS DAYS HOURS MIN 56
	2 31 51	ra Bi	THPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY?	8 _	1. BALTIMORE CITY OR COUNTY	OF DEATH
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	4 22	10 C		NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126, KIND OF BUSINESS OR
	4 43 4X	1	(IF NOT IN SUCH FACILITY, GIVE STREET	(ADDRESS)	TYPE OF WORK FOR MOST OF WORKING LIFE	
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YLA	1 46 1	14. F/	HER'S NAME	15. MOTHER'S MAIDEN NA		
×	1 17 10	15	MIDDLE LAST	e Co First	4 MIDDLE	hickland
m,	1 3	Day V	Darren Avon Brisco		ADDRESS	TICIC (LLTILL
O.	78 6		S, NO OR UNKNOWN) [IF YES, GIVE WAR OR DATES]	01/0 -1 -1	4.1 -1	2-11
₹ .	-		10 1911	177 Elizak	beth Strickland	2516 Edgecomb
MAL	# 247 f		8. CAUSE OF DEATH (Enter only one cause per line for (a), (b), or	nd (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
- 2	2 481 F		PART I. DEATH WAS CAUSED BY:	espiratory tai	lure	9 hours
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	the state of the s		(c) hya!	n memmane	disease	1011 01.1.1
, 5	1 100 5		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVE	N IN PART 1(a)
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	新古 8 3 元 二		saw the deceased alive an	97, and that in (my) (aur) apinion	death accurred an the date and haur	and fram the causes stated
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	FUNE FUNE ORTA		24. PHYSICIAN'S NAME (TYPE OR PRINT)	22e ADDRESS		111
	2 - 5 ± 6 H		Cheryl L. Parks MD	1225.	meene st B.	attimore, MD 21201
	5 8 5 4 1 g	23a F	RIAL, CREMATION, REMOVAL 236, DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION	
	BP	- Change	ECIFY)	Cedar Hill	CITY OR TOWN	COUNTY
	DP	-	JERAL DIRECTOR		TE REC'D. BY REGISTRAR 256 REGISTI	N/Q.
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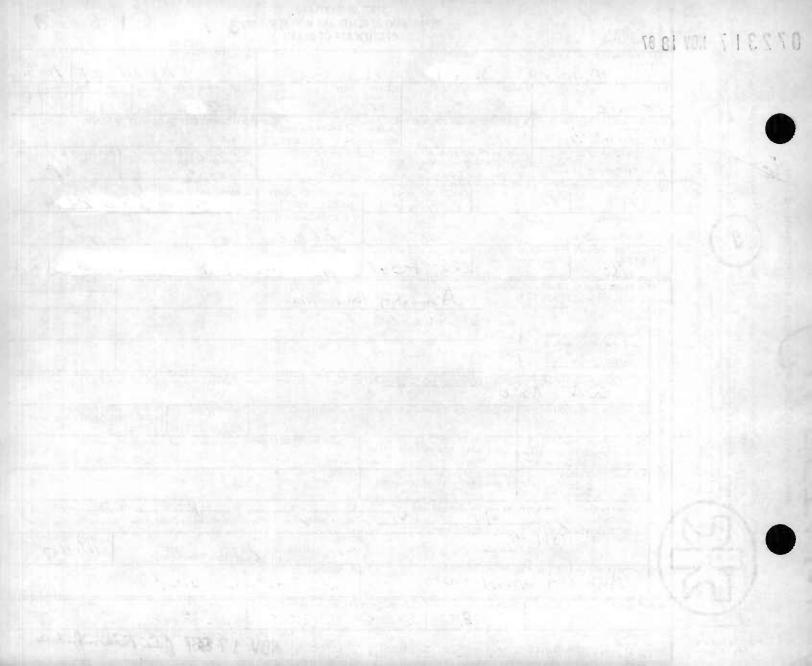
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The law requirion. The has been significant. The giene prior to be shown only injuries.	CERTIFICATION	190 DATE OF OPERATION		H OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\sigma \) NO \(\sigma \)
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TO HOSPITAL TO HOSPITAL TO FEBRA Should be de	230	Your Fl	Hanlo	2300 GA		BLVO BALTO MOZI
BP	L	Burial	12-4-87 1	nd Colvery	Hen BURA	ie Anco Ma
DHMH - 16 60M 7/84 (VRA 15, 4)	124 6	NERAL DIRECTOR	11/2 Me ADDRESS		TO 4007	25b REGISTRAR'S SIGNATURE

NUA 13	DE	CEASED NAME FIRST	MIDDLE	E CHRTIFICATE OF DEATH	REG. NO. 2a. DATE OF DEATH MONTH	DAY YEAR 2h HOL
101 10	AYPI	BABY BOY		BBOOKS	OCTORER 12 10	9:40
	3. SE		4. RACE	BROOKS 15. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	987 9:40
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25			76. CITIZEN OF WHAT COUNTR	V2 0	D BALTIMORE CITY OR COUR	
X		MARYLAND !	4.5.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY	7
20	10 €		11. NAME OF HOSPITAL, NUR! (IF NOT IN SUCH FACILITY, GIVE STR	SING HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126 KIND OF BUSIN
3		TIMORE	THE JOHNS HOP	KINS HOSPITAL	N/A	O CIVILI INDUSTRI
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TE S	1	ATHER'S NAME	NIDDLE LAST	15. MOTHER'S MAIDEN N	IAME MIDDLE	LAST
(8)	1	KENNETH WI	AYNE COLE	SR. Sherrie	Denise	Brooks
edico			MED FORCES? 166 SOCIAL SE		HOG OG	alla Ave.
E		10		REMNETH W. Co.	LE, St. Cato	nsulle, MD-213
14. ±		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED	NOV I		Λ 1-	APPROXIMATE INTE
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STATE OF MARYLAND

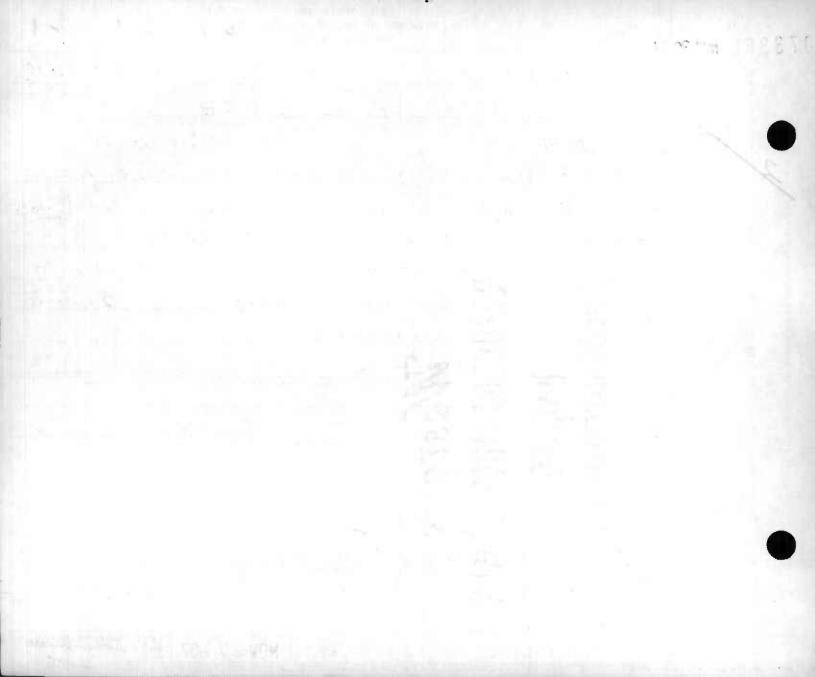


				STATE OF MARYLAND		7 4 0
3 1 7 NOV 1		FOR STATE	DEPAR	MENT OF HEALTH AND MENTAL HYG		0 0 7
17 NOV	4	REGISTRAR	WIDDLE	LAST	REG. NO. 2a. DATE OF DEATH MONTH DA	Y YEAR 2b. HOUR
deoth deoth		TEASED NAME FIRST OR PRINT)	-	0	ZE. DATE OF BEATH	40
r deol		MINERVA		Drooks	// /4	87 / AM
1	3. SE)		4. RACE	5. DATE OF BIRTH		UNDER I YEAR IF UNDER 24 HRS
	F	emale	Black	1 11 10	77 YRS.	
(7)		OUNTRY)	76. CITIZEN OF WHAT COUNTRY	? 8. MARRIED . NEVER MARRIED .	9. BALTIMORE CITY OR COUNTY C	OF DEATH
0		comac VA	USA	WIDOWED DIVORCED	Balto City	MD,
1	10. CJ	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
10	12	Itimore	Harlord Gardens Con	Jakent Center	Domestic	NA
11 7	USUA 13a. S	AL RESIDENCE (IF NURSING HOME OR TATE, 113b, COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFO	DRE ADMISSION)	138. STREET ADDRESS	
	130. 3	138. COOF	Balting	~ /	5400 Har Ford K	1 21214
ē -	14. FA	THER'S NAME		15. MOTHER'S MAIDEN NA	ME	
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nt, #		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one cause per line fo(a), (b), c	1 0		BETWEEN ONSET AND DEATH
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or other	F. V.	underlying cause last.	(c)			
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ws ony i	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, IN CERTIFY	WERE FINDINGS USED ING CAUSES OF DEATH?
Hygiene 18 shows	E				YES NO YES	
T 00	Ü	21a. ACCIDENT WAS UNDERLYING		DAY YEAR 216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT 1 OR PART 2)
or Item 18	N.	OR CONTRIBUTING CAUSE OF DE	310	19		
ŏ	MEDICAL	21d. INJURY OCCURRED	21a. PLACE OF INJURY	21f. LOCATION	CITY OR TOWN	COUNTY STATE
olth ond morked o	1	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE	E, PARM, ETC)		
JOE		-	national oriented the deceased from			9 1), that (I) (we) lost
21 is mort		saw the deceased alive on	11/14 19	00	deoth occurred on the date and hour	and from the couses stated
Dept. of if Item 21	1	22b. SIGNATURE	wiew the body after death.	DEGREE		22c. DATE SIGNED
# Hear	th.	am	M_	ATTENDING	MEDICAL STAFF	11/17/87
Z -		22d. PHYSICIAN'S NAME (TYPE	10 00 INT)	22e. ADDRESS	DIRECTOR PHYSICIAN	
PRTA	W	AUTHA M.	unua mo	3640 Fuds	lan 21215	
with the State L	_	744/4	- 0.7101			
		SURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	ANNE ARUNDEL CO	SOUNTY MD ATE
		BURIAL	11/1 8 /87 C	EDAR HILL CEMETERY		
M 4/82		JNERAL DIRECTOR	ADDRESS	25a. DA	TE REC'D. BY REGISTRAR 16 REGISTA	ARS SIGNATURE
, 4)	MM	1. C. MARCH F/H	, INC. 1101 E.	NORHT AVENUE NO	1 1 1001	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO DECLASED NAME 20. DATE OF DEATH TYPE OR PRINTI Brown Andrew 1987 8:30P M November 2 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 4. RACE 5 DATE OF BIRTH BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore city WIDOWED | DIVORCED | IN CITY OF TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Baltimore EPISCOPAL CH. Maruland General Hospita ISUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY ALTIMORE 644 N. SMALLWOOD ST, 21216 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE COOPER LUCINOA BALTIMORE, MD. 212/6 160 WAS DECEASED EVER IN U.S. ARMED FORCES? IF YES GIVE WAR OR DATES) 1644 N. SMALLWOOD ST. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) SEPTICEMTA 2 weeks DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS Advanced Colonic Carcinoma 20g AUTOPSY? 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOVE NO [21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY OFFICE, FARM ETC.) WHILE T NOT WHILE 220 Learning that (1) of this has pital) attended the deceased from September 18, 19, 87 saw the deceased alive an November 2, 19, 85, and that in may) (our) opinion to November sow the decedsed alive on November 2 obove, M (we) (did) (did not view the body after death. and that in my) (our) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED 22b. SIGNATURE DEGREE 1/3/07 ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN 224 PHYSICIAN'S NAME ITYPE OF PRINT 22e ADDRESS th the C/o Maryland General Hospital 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL CREMATION, REMOVAL 236 DATE COUNTY MT. AUBURN CEM "NUTTER FUNERAL HOMES, INC, 2501 GWYNNS FALLS PKWY. BALTO. MO. 2R16 DHMH - 16 60M 7/84 NOV (VRA 15, 4)

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ge 4 may ector, pag rs ofter de	3. SE	FEMALE	BLACK	5. DATE OF I	BIRTH JAY JAY	6. AGE (IN YEARS LAST BIRT	MONIHS DAYS	HOURS MIN.
Control of the Contro		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUN	MARRIED (NEVER MARRIED D	9. BALTIMORE CITY OF	COUNTY OF DEATH) MD.
2	10 C	SALTMORE	11. NAME OF HOSPITAL, NI IF NOT IN SUCH FACILITY, GIVE		4	120. USUAL OCCUPATION OF WORK FOR MOST OF WALTICAL	ON 12b. KIND INDUSTRY	OF BUSINESS OR
24 hour 24 hour build be must be	13a. S	AL RESIDENCE (# NURSING HOME OF STATE 136 COUNTY BA	OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION) TOWN		13e. STREET ADDRESS		1+,21213
MARYLAND red within 24 mpletely tills ond 2 should from increme	14. F/	THER'S NAME	MIDDLE LAS	15	. MOTHER'S MAIDEN NAM FIRST			AST
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: 4 4 4 6 6 6		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per line for (a), (I ED BY: TE CAUSE (a) Tritra	b), and (c).)	Hemorph	مربو		NOUSET AND DEATH
RESTON ST e death certi e attending p move carbon ratioumotic ev		Conditions, if ony, which	DUE TO, OR AS A CONS	EQUENCE OF	ation			
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AL RECOM	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATION	WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDI IN CERTIFYING CAUSE: YES [7]	INGS USED S OF DEATH? NO 🖼
N OF VITA SICIAN: TI ng physicio cerrificate urial-transif iental Hygi	ICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH	DAY YEAR	TE HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)	
DIVISION OF VITAL RECORDS, DING PHYSICIAN: The low requir or attending physician. After this certificate heamit. Then olth and Mental Hygiene prior to b marked or liem 18 shows any injury	MEDIC	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, O	2	14. LOCATION STREET	CITY OR TOV	VN COUNTY	STATE
TENDIN oitol ar o TOR: Aff		220.1 certify that (1) this hasp	ital) attended the deceased f	C-0	that in (my) (our) opinion d	, , ,	te and hour and from the	, that (I) (we) lost
TAL OR All yy the hasp RAL DIREC detached to tote Dept.		220-SIGNATURE	1 0 a lows h	10) Ph	ATTENDING PHYSICIAN	MEDICAL STAF	F _ 11-	E SIGNED
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BP	23e. E	BURIAL CREMATION, REMOVAL	236. DATE		NETERY OF CREMATORY LON CEMETERY	LANSDOWNE	COUNTY	MDATE
DHMH - 16 50M 1/81 (VRA 15, 4)	24 F	UNERAL DIRECTOR M. **C*. MARCH F/H	7.00	Ess NORTH	AVENUE NO		256 REGISTRAR'S SIGNA	Kindres



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State Anatomy Board

(VRA 15, 4)

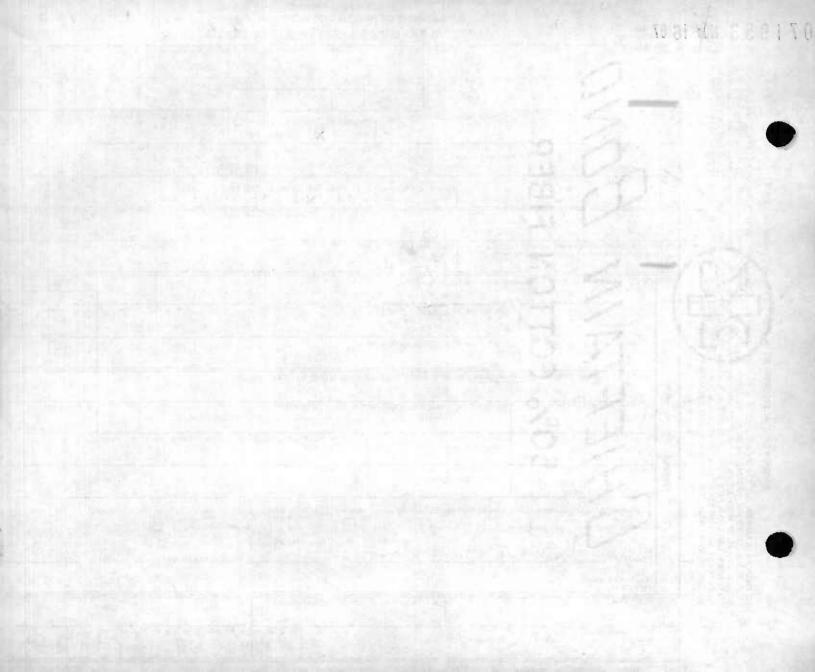
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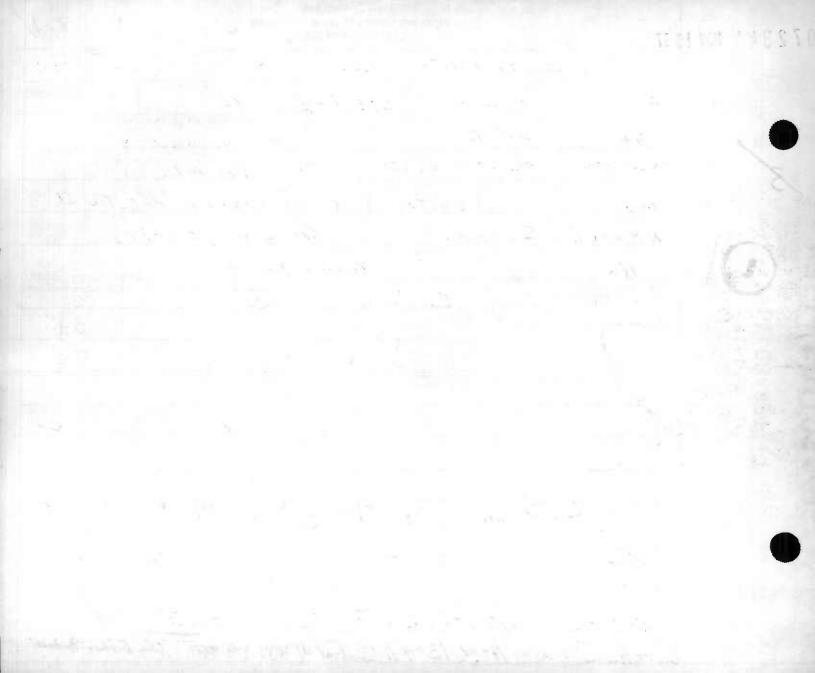
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	DELAY IS IS TO THE FIND PAGE		altimore		Liber	ty Medical		er		ployed	9	2	
10010	ANY CAND 3	[13a. S	AL RESIDENCE (IF IN N TATE aryland	13b. COUN		13c. CITY OR TOWN Baltimos		13d. INSIDE CITY LIMITS		DDRESS Windsor	Ave	21	6
CA	T. CO.	FI F	ATHER'S NAME		WIDDLE	LAST		15. MOTHER'S MA	VIDEN NAME	WIDDLE		LAST	
4	A PROPERTY		illiam			mith		Jennie			Moor	ce	
A BOWLE	UURS AFTER 18. GIVE PAR WITH FORM	16a \	VAS DECEASED EVE	R IN U.S. ARA	MED FORCES? WAR OR DATES)	16b. SOCIAL SECURIT		17. INFORMANT		ADDRESS			
1	S AF GIVISI	7	NO NO			217-66-8	3667	John A.	Wood	Jr. 3108	Wind		Ave.
5	E. W. C.		18 CAUSE OF DEA		y one couse per line						6	APPROXIMATE	
2	24 HO ITEM 1 ICONG PERM GIENE			IMMEDIAT		eriosclero		argiovasc	ular Dis	ease			
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	ATE, T ORW ORW IF P. P.				e of the remains desc	ribed obave, held an	Autap	sy . Inspe	ction XX, In-	quiry , and	In my opinior	n	
	MANN PER PER PER PER PER PER PER PER PER PER	13	death resulted fra	m: Natur	al causes XX	Accident . Si	vicide 🗌	, Homicide	, Undetermin	ed manner .			
	LEXAMINER: 1 ECERTIFICATE, DULD BE FORV L DIRECTOR: P H, WITH THE ST MARYLAND, 2		ACTUAL	MI.A.	1. on A	Ulan		TITLE (SPECIFY			DATE	11 10	07
	ZHOZHWY	1/	SIGNATURE	mage	gree un	re Truch	M	D Assista	ant_MEDICAL	EXAMINER	DATE SIGNED	11-12	-87
	MEDI CUTE FUNE TIMO		EXAMINER'S NAMI	Marq	arita A.	Korell, M.I).	ADDRESS 11	1 Penn S	St., Balto	o., Md.	. 212	01
	TO MEDICAL ED EXECUTE THE CI PAGE 4 SHOUL TO FUNERAL D A AFTER DEATH, V BALLIMORE, W	23a, E	URIAL, CREMATION,			23c NAME OF CE		ADDRESS	23d LOCAT				
07/8		(emation	1	11-16-8			Cremato	CITY OR TO	w∾ Balto	COUNTY	Md.	TATE
25M			UNERAL DIRECTOR		ADDRESS					ISTRAR 256 REGIS	TRAR'S SIGN	HATURE	2.00
	(VR A15 ME (5))	l da	arlton C.	. Doug		01 McCull	oh s	St.	NOV 13	1981 Jul	ie Danide	MAN KAN	Variation .



(VRA 15, 4)

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or softer de	SEX	NEGRO	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.	
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MARY)	FATHER'S NAME WARREN	Sherman MAST	15 MOTHER'S MAIDEN N	AME 3/A. BI	UFKES IAST	
W ()	WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? IVE WAR OR DATES)	Roberta B.	RINN	is	
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DHMH - 16 60M 7/84 (VRA 15, 4)	FUNERAL DIRECTOR NAME DUNG DUNG	walkome 1304	4 M. Cantral a NC	N 1 8 1987	256 REGISTRAR'S SIGNATURE Julia Dandon Roadesse	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DETEASED NAME 2a DATE OF DEATH MONTH ROY RANDOLPH BROWN NOVEMBER 16. 1987 4:00 4 RACE A AGE (IN YEARS LAST BIRTHDAY) 3 SEX 5 DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS MALE B! ACK 30 TO BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA WIDOWED DIVORCED BALTIMORE 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR THE JOHNS HOPKINS INDUSTRY BALTIMORE ISUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13c CITY OR TOWN 13e STREET ADDRESS / ZIP CODE BALTIMORE 1806 N. BOND STREET 21213 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST DAVID BROWN BEULAH MAE ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, MOR UNKNOWN) 213-70-1705 DAVID BROWN 944 N. CHESTER STREET APPROXIMATE INTERVAL BETWEEN ONSET AND DEA 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: andiac IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19s. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 78x AUTOPSY7 20s. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216 TIME OF INJURY THE HOW INJURY OCCURRED TENDER NATURE OF PAUL OF PART TO PRINT PART TO P TIR. ACCIDENT WAS UNDERLING. [1] HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIFETHER, NOTHY MEDICAL EXAMINER: 214 INJURY OCCURRED THE PLACE OF INJURY 211 LOCATION COUNTY CITY CIKTOWN STATE AT HOME STREET PACTORY OFFICE FARM ETC.) MOT WHILE 27s.1 certify that (1) (this haspital) attended the deceased from our) persion death occurred on the date and hour and from the course stated 276. SIGNATUR DEGREE 77s. DATE SIGNED MEDICAL ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (1YPE CHOPN) 22e ADDRESS WOLFE ST. BALTO.MD. HOPKINS HOSPITAL 21205 23a. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23b. DATE ITY OF TOWN (SPECIFY) 11/21/87 CEDAR HILL CEMETERY DHMH - 16 60M 7/84 MARCH F/H, INC. 1101 E. NORTH AVENUE (VRA 15, 4)

AND REPORT OF YOU

DHMH - 16 60M 7/84

(VRA 15, 4)

CWYNNS FALLS PKWY

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 074203 DEC TYPE OF PRINT 20 DATE KNOWN [7 MONTH 76 HOUR ESTI-DIRECTOR. OUR FILES. 172 HOURS DIN STREET, JOHN A. BUCHANAN DEATH MATED 28 19 87 3 SEX 4. RACE AGE (IN YEARS IF UNDER 1 YR. 5 DATE OF BIRTH IF UNDER 24 HRS 2c. DATE 2d HOUR LAST BIRTHDAY PRONOUNCED March 1 1926 Male White 61 DEAD 19 87 O BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) MARRIED NEVER MARRIED U.S.A. Penna. Baltimore City WIDOWED DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION AL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING UFE)
Disability OR INDUSTRY Baltimore Exeter Hall Rd. UAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13h COUNTY Baltimore 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Md. 4320 Clareway, Apt. 8E 21213 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE unknown unknown 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDR9308 Fort Smallwood 16b. SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) (IF YES GIVE WAR OR DATES) 215-22-8075 yes Tami Hoffman (dqhtr) WW II Rd., Pasadena Md. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Fatty liver IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which Alcoholism gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHI THE **CHUREAL DIRECTOR**: PAGE 3 SHOULD BE US AFTER DEATH WITH THE STATE DEPARTMENT OF BALLIMORE, MARYLAND, 21201 PRIOR TO BURIL YES 1 NO . 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 214 INJURY OCCURRED 2) e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COLINTY WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry ond in my opinion deoth resulted from: Hamicide Undetermined monner Accident Suicide TITLE (SPECIFY) Deputy Chief ACTUAL 12 - 2 - 87DATE **SIGNATURE** Ann M. Dixon, M.D. 111 Penn St., Balto., MD 21201 (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY Md. Baltimore 12/2/87 Security Process 07/84 25M 3331 Brehms Lane 24 FUNERAL SCHIMUNEK Funeral 250. DATE REC'D. BY REGISTRAR (256 REGISTRAR'S SIGNATURE **DHMH - 17** Home, Inc. Balto. Md. 21213 (VR A15 ME (5))

- 030

DHMH - 16 60M 7/B4 (VRA 15, 4)

Tarring Funeral Home, PA, Aberdeen, Md, 21001-3399

236 DATE

11/30/87

23a BURIAL, CREMATION, REMOVAL

Burial

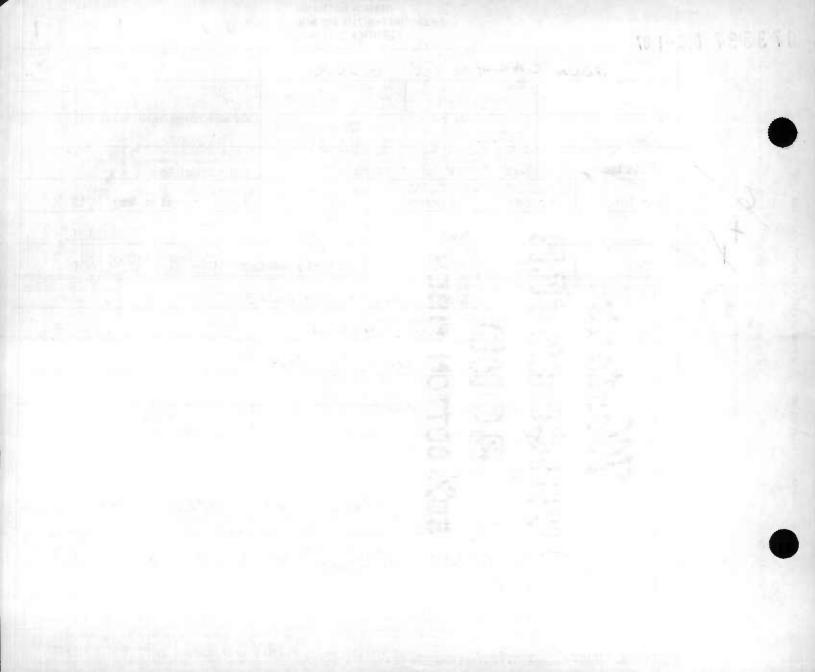
24 FUNERAL DIRECTOR

23¢ NAME OF CEMETERY OR CREMATORY

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Julia Davidson- Randallo

23d LOCATION

Garrison Forest Vet, Com Owings Mills, Baltimore, Md.



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•	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD." PEPAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED. AFTER DEATH WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL,		22s I cert death result ACTUAL SIGNATURE	ty thou took charge and from the the	al south X	neg	ead On1	Y) Autops	Homic	stant	Undetermin	. EXAMIN	er ,	DATE SIGNED	11-13	
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07/84 25M	DHMH - 17 (VR A15 ME (5))		FUNERAL DIRECTOR ICOULTY	TOR E	1/16/198 Balto.Ma Home Home	37 G	len Ha	aven	Mem		Gler	n Bu	rnie		A.A.C	O .
		-		La.	Home							-0				

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN 2b HOUR (TYPE OR PRINT) ESTI-DEATH MATED HENRY BURKE 4 RACE AGE (IN YEARS DATE OF BIRTH 24 HOUR IF UNDER 24 HRS 2c. DATE -69s 11 White 11-14-87 DEAD 9am BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) DIVORCED CO Baltimore City WIDOWED _ Md. U.S.A. IS CITY OR TOWN OF DEATH 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE! Baltimore 1735 McHenry Street(vacant house) Plumber Balto., Md. Ide STATE 13e. STREET ADDRESS 13c. CITY OR TOWN 13b COUNTY 13d. INSIDE CITY LIMITS? Balto. 2522 Wilkens Ave. #21223 Md. 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Immler Burke, Sr. Annie 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Charles A. Burke (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 217-01-6237 Jerlyn Ave. Yes CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 chronic alcoholism CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? MENT OF TO BURE YES X NO 🗌 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE WHILE D NOT WHILE COUNTY PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR; P AFTER DEATH, WITH THE ST 22s. I certify that charge of the remains described abave, held an Autapsy Inspection and in my apinian Inquiry death resulted Homicide Undetermined manner TITLE (SPECIFY) ACTUAL 11-14-87 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME 111 Penn Street Charles P. Kokes, M.D. ADDRESS TYPE OR PRINT 230, BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Nov.20.1987 Westview Mem. Pk. Cem. Cremation Balto. Md. 07/84 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 17 ADDRESS Twiden Pandall (VR A15 ME (5))

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FOR

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🛒 REGISTRAR

CERTIFICATE OF DEATH

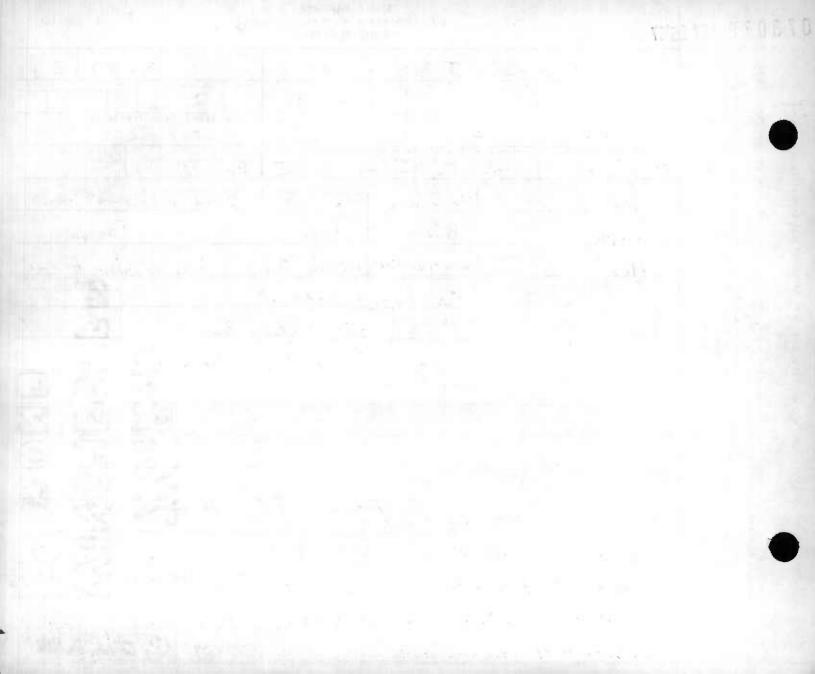
DECEASED NAME MIDDLE LAST 20 DATE OF DEATH MONTH 2b. HOUR Louis Burkman Nov. 5. 1987 W. 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH August 14, 1923 Male White 64 TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED Baltimore City Maryland USA WIDOWED DIVORCED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Crane Operator Beth. Steel Baltimore Francis Scott Key Hedical Cent USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 136 COUNTY 13e.STREET ADDRESS / ZIP CODE 8250 Longpoint Road 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Baltimore 21222 Maryland Baltimore NO X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Nuttle Edith Louis Burkman 6# WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO ADDRESS 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 8250 Longpoint Road 218-14-6306 Stella Burkman W II Yes APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: Carroy Imma IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES F NO [71n ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE WHILE 22a.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an_ and that in (my) (aur) apinion death accurred an the date and haur and Iram the causes stated abave, (1) (we) (did) (did nat) view the bady after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL 1168 PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23d LOCATION 23b. DATE (SPECIFY) Burial 11-9-87 Glen Haven Baltimore Maryland 24 FUNERAL DIRECTOR 25a DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE Duda-Ruck Funeral Home Inc. Dundalk, Marylanto

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

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mo ter o	3. SE	X	I. RACE	5. DATE OF BIRTH		AGE IN YEARS LAST BIRTH	MONTHS DAYS	
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55 63 5 5.	23a	BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF CEMETERY OR CR		23d LOCATION	COUNTY	STATE
BP		Burial	11/27/87	Garrison Fores		Owings	Mills	Md
DHMH - 16 60M 7/B4	24 F	UNERAL DIRECTOR	At	ORESS	25a. DATE R	The Park To	25b. REGISTRAR'S SIGNA	The state of the s
(VRA 15, 4)		Wm. C. March F/	H West 4300	Wabash Avenue	NOV:	2.4 1987	Julia Dander	Kandado



		FOR STATE REGISTRAR	DEPAI	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENS / 3	1 6 8 9
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AND 2120 n 24 haurs filled in by	35	SUAL RESIDENCE (IF NURSING HOME OF 13 L COU Maryland Bal	rother institution, give residence bei NTY 13c. CITY OR TO Catons	ville YES NO (S)	13: STREET ADDRESS 213 Preston Co	ourt, Apt. A
BALTIMORE, MARYLAND 2120 cate be executed within 24 hours section and completely filled in by ppers. Pages 1 and 2 should be fill	20 Z	FATHER'S NAME Christian	MIDDLE LAST Burn		WIDDLE	Krautter
TIMORE, be execu	2 16	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166. SOCIAL SE IVE WAR OR DATES) 215–50		e, 404 Bloomsbur	cy Avenue
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quires that the rising and by the then please rer to burial, crem	njury, ar ather traumatic		DUE TO, OR AS A CONSECTION OF THE CONSECTION OF	puence of	MINAL DISEASE OR CONDITION O	GIVEN IN PART LIG
NI RECOR	S out	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHI	CH OPERATION WAS PERFORMED		YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
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IVISION JG PHYS attendin ter this of is the burn hond Me	marked or H	IF EITHER NOTIFY MEDICAL EXAMINI 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTEND pital a TOR: A for use of Heal	21 15		n 19 ottended the deceased from 19 ott view the body after death.		n death occurred on the date and h	, 19, that () (we) lost nour and from the causes stated
SPITAL OR A d by the has NERAL DIREC be detached	£ ± ±	22b. SIGNATURE		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1//6/83
TO HOSPITAL etained by the TO FUNERAL should be det	MPORTANT	22d PHYSICIAN'S NAME (TYPE	FR Su	, (1	Agnies	H ospital
F 2 7 7 7 .	2	BURIAL, CREMATION, REMOVA		A NAME OF CEMETERY OR CREMATORY	City Off 1Gwee	COUNTY STATE
BP	2	Burial	11/9/87 I	oudon Park Cemetery 21229	7 Baltimore ATE REC'D. BY REGISTRAP 251. REG	Maryland ISTRAR'S SIGNATURE
DHMH - 16 50M 1/I (VRA 15, 4)		Jubbard Funeral I	Home, Inc., 410	S	VO 9 1097 Julian	Devidon-Randise

P.O. Box 4433

Brown/Thompson F.H.

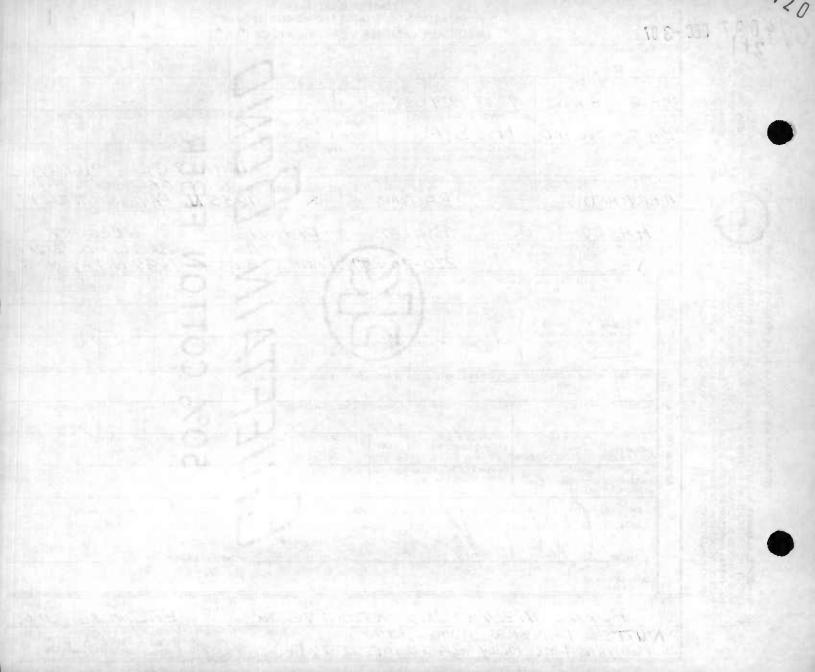
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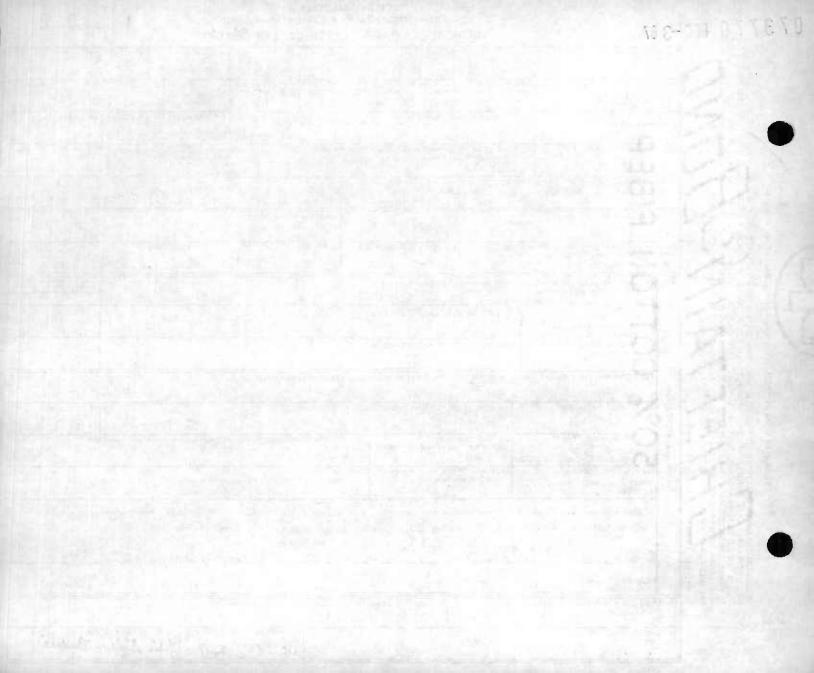
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGJENE REG NO 20 DATE KNOWN X (TYPE OR PRINT) ESTI-DEATH MATED REV. BUTLER HARRY G. 4 RACE AGE LIN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY) RONOUNCED MALE BLACK 11-24-87 To BIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE, MO III. CITY OR TOWN OF DEATH NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS Baltimore MINISTER SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN 13d INSIDE CITY LIMITS? BALTIMORE 15. MOTHER'S MAIDEN NAME 60. WAS DECEASED EVER IN U.S. ARMED FORCES? EYES, NO. OR UNKNOWN! (IF YES, GIVE WAR OR DATES) 1635 N. PAYSON CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT CONTROL PRIOR TO BUR YES [NO IST 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE WHILE NOT WHILE COUNTY Inspection X harge of the remains describe pabave, held an Autopsy and in my apinian PAGE 4 SHOULD BE PAGE 10 FUNERAL DIRECTOR AFTER DEATH, WITH THE BALTIMORE, MARYLA Hamicide Undetermined manner TITLE (SPECIFY) 11-24-87 Assistant MEDICAL EXAMINER ACTUAL SIGNATURE 111 Penn Street EXAMINER'S NAME Charles P. Kokes, M.D. TYPE OR PRINT 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY GARRISON FOREST VET. COM mo 07/84 25M 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 14 NUTTER FUNERAL HOMES, INC. **DHMH - 17** 2501 GWYNNS FALLS PIKMY, BALTO, MO. 21216 DFD (VR A15 ME (5))



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TTEN pitol TOR	21 is		saw the deceased alive a	in19.	, and that in (my) (our) opinion	death accurred on the date	and hour and from the couses stated
R ATTEN hospitol IRECTOR	÷ E		22b, SIGNATUR	not) view the body offerdeath.	DEGREE		22c. DATE SIGNED
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			STATE OF MARYLAND		1 / 0 =
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7 40	MI	CHAEL	BUTT SR.	NOVEMBER 28	, 1987 10:40
and	1. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
4 62	MALE	WHITE	AUG. 28 1927	60 YRS	
earth Po	7a. BIRTHPLACE STATE OR FORE	ON 76. CITIZEN OF WHAT CO	UNTRY? AARRIED WIDOWED DIVORCED	PALTIMOPE	CITY MD
16	BALTIMORE	11. NAME OF HOSPITAL,	NURSING HOME OR OTHER INSTITUTION	AL ASSEMBLER	126 KIND OF BUSINESS OR INDUSTRY GENERAL MOTOR
24 hour	13a. STATE 13b	HOME OR OTHER INSTITUTION, GIVE RESIDER COUNTY BALTIMORE BALT	OR TOWN 13d INSIDE CITY LIMITS LITORE YES NO FE	130. STREET ADDRESS 10204 BIRD RI	VER RD. 21220
4 22	14. FATHER'S NAME		15. MOTHER'S MAIDEN	MIDDLE	LAST
1 10	JACOB		SR. MARGAR	ADDRESS	KAHL
De exec				(WIFE) SAME ADDRE	
fricate physics napaper mosal.	PART I. DEATH WAS	inter anly one cause per line far (a CAUSED BY: MEDIATE CAUSE (a)	dispulmonary	met	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Z WIN
0000	I Im	DUE TO, OR AS A CO			
he death of the stend con mation, of trought	Canditians, if any, wh	nich ((b)	ung cancer		15 months
	gave rise ta immedi cause (a), stating underlying cause I	the DUE TO, OR AS A CO	ON SEQUENCE OF		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		CANT CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELATED TO THE T	erminal disease or condition (GIVEN IN PART 110
he low re-	19a. DATE OF OPERATION	N 196, CONDITION FOR	WHICH OPERATION WAS PERFORMED		YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\text{YES} \) NO \(\text{X} \)
Physical phy	OR CONTRIBUTING CAUS	E OF DEATH HOUR A.M. MON	NTH DAY YEAR	CURRED (ENTER NATURE OF INJURY IN ITEM I	8 PART I OR PART 2)
NG PHYSICIAN: The law requirentending physician. The this certificate has been as an interest manual transit permit. Then have deriven the and Mental Mysiere proving acked deriven III shows any impurational derivententententententententententententente	21d. INJURY OCCURRED WHILE NOT WHILE WORK AT WORK	21e PLACE OF INJURY	21f. LOCATION	CITY OR TOWN	COUNTY STATE
TTENDIN pitol or TOR A for use of Health	saw the deceased o	hospital attended the decease	19. 8 7 and that in (my) (our) object	nan death accurred on the date and h	, 19, that (I) (we) list aur and fram the causes stated
PITAL OR A by the hos ERAL DIREC be detached Mark Dept.	22b. SIGNATUS	ney your	DEGREE	G MEDICAL STAFF N DIRECTOR PHYSICIAN 600 N . WOI	FE ST. BALTO.
TO HOSPI TO FINE MADIG DE	SYONE	V YOON		OPKINS HOSPITAI	
BP	230 BURIAL, CREMATION, REA (SPECIFY) BURIAL	12/1/87	23c. NAME OF CEMETERY OR CREMATO HOLLY HILL	BALTIMORE	COUNTY
DHMH - 16 50M 1/81 (VRA 15, 4)	Schimunek Fur		Belair Rd.	DATE REC'D. BY REGISTRAR 256. REG	ISTRAR'S SIGNATURE

771	7 0 7 11011	الم	FOR	21b,c,d,e, 9-87 med			STATE MENT OF HE		RYLAN		YGIEN	F **	45		See.	0	6
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			CEASED NAME	FIRST		MIDDLE		LAS	sī			2a. DATE	KNOWN D		DAY	YEAR	26 HOUR
	ASE JRS.			Sandr	a	Mary		Buzg	jiers	ki.		OF DEATH	MATED [11/	8/	1987	M
	NECESSARY, PLEASE UNERAL DIRECTOR. S-FOR YOUR FILES. WITHIN 72 HOURS RRESTON STREET,	3 SE		4 RACE	S. DATE OF BIRTH		6 AGE (IN YEARS	IF UNDE		HOURS I		2c. DATI	NCED	MONTH	DAY	YEAR	24 HOUR
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ALTIMORE, MD. 21201	AFTER DE SIVE PAGE SIVE PAGE TH FORM AGES 1 A	16e. V	VAS DECEASED	VNI (IF YES, GIVE	WED FORCES? WAR OR DATES)		-76-9898	10.	. INFORM.	ANT	c /	1:	ADDRES:				C ,
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25M	DHMH - 17	24. F	UNERAL DIREC	TOR	O C ADDRES	S-9			125	Se. DATE R			1 1	ISTRAR'S	SIGNAT	URE	
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29 0	v ×10 ←		CEASED NAME FIRST E OR PRINT)	HN	MIDDLE	TR	20. DATE KNOW OF ESTI- DEATH MATE		2b HOUR
RY, P.E.A.	N STREE	3. SE		5. DATE OF BIRTH	YEAR LAST BIRTHDA	Y) MONTHS DAYS HOUR	DER 24 HRS. 2c. DATE	11-15-87 MONTH 15-87 VEAL	9:40
ACCESSA.	NEW STATE OF THE S		RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WHA		8. MARRIED NEVER M	ARRIED	ore City	MD.
8		10. C	TY OR TOWN OF DEATH Baltimore	LIE NOT IN SUCH FACE	ITAL, NURSING HOME LITY, GIVE STREET ADDRESS) DASH AVENUE	or other institution Apt. 2B	120. USUAL OCCUPATION FORMOST OF WORKING LIFE	N (TYPE OF WORK 12b. KIND OF E	BUSINESS
21201 ANY DE	RETAIN HOULD A	⊌SU/ 13a. S	TATELL TE IN NURSING HOME		13c. CITY OR TOWN	13d. INSIDE CITY LIMI	13°. SIREET ADDRESS	PABASA TV	T26
ME, MD	A STATE);	THER'S NAME	WIDDLE	Byrd	15 MOTHER'S M	rice MIDDLE	-orr, ens	
ALTIMO				MED FORCES?	166. SOCIÁL SECURITY	NO. 17 INFORMANT	10-1-	15 26 45 MAG	lison
W. PRESTON 5T.	FEMENING IN TRACLLIN HEAD IN FEMENING ALONG AS A BURIAL - TRANSIT PERMITH HEALTH AND MENTAL HYGIENE, DAL, CREMATION, OR REMOVAL.		18. CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE IMMEDIA Conditions, if any, which gave rise to immediate	TE CAUSE (o) Ar			scular disease	APPROXIMA BETWEEN ON	ATE INTERVAL SET AND DEATH
201 UTED	AL EXAMILATED SURIAL - TRANSPORTED MENT		cause (a) stating the <u>under</u> lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS	DUE TO, OR A	IS A CONSEQUENCE C		IN PART 1		
S # 5	MEDICAL MEDICAL DAS A BL FEALTH AN CREMAT	Z	diabetes m		THE TERM	THE OISENSE OR CONDITION OFFER	INTAKI I (Q.		
VITAL RE	OF HEA	CERTIFICATION	19a. DATE OF OPERATION		ON FOR WHICH OPER.	ATION WAS PERFORMED?	117	20 AUTOPS	
DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXEC	OULD BE COULD BE RTMENT OR TO BU	AL CERT	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF		NJURY MONTH DAY YEAR	21¢ HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN IT		
DIVISION HIS CERTING	NEWARDED TO THE WORD AND AND AND AND AND AND AND AND AND AN	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE O	FINJURY (AT HOME, RY, FARM, ETC.)	ZIF LOCATION STREET	CITY OR YOWN	COUNTY	STATE
20	EXECUTE THE CENTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STA		22a I certify that I took chart death resulted from bigitures SKSNATURE	ger of the pempine description of the pempine de		Autopsy , Inspirite , Inspirit	Y)	ond in my opinion DATE SIGNED 11-15-	-87
TO MED	A FIER DE	270.0	EXAMINER'S NAME (TYPE OR PRINT) URIAL CREMATION REMOVAL)	Charles P		ADDRESS	111 Penn Stre	et	
	P DHMH - 17	1	UNERAL DIRECTOR	1/2981	EARRIS	on for Cen	ATE REC'D. BY REGISTRAN 256	REGISTRAR'S SIGNATURE	2/5
(VR	A15 ME (5))		r - I uner	MITOME	100/11/10	mournell	A 1 A 1881 81 Mar	- Daries ()	



DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE KNOWN 26 HOUR OF ESTI-DEATH MATED MAZY BYRD MAGDELENE 1119 87 4 RACE 3. SEX & AGE (IN YEARS | IF UNDER 1 YR 2d HOUR IF UNDER 24 HRS DATE LAST BIRTHDAY) 2:38 AM PRONOUNCED Female White March 1, 1912 75 YRS DEAD 11 19 87 7b. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Virginia U.S.A. DIVORCED X | Baltimore City WIDOWED [CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS Baltimore South Baltimore General Hospital Homemaker SUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONS Brooklyn 13e. STREET ADDRESS COUNTY 13d. INSIDE CITY LIMITS? Maryland A.A. 1105 Montcalm Ct. 21225 NO X FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Mallard Rumley Lucinda Gardner 166 SOCIAL SECURITY NO. 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Imogene M. Henry 216.30.0542 21401 1157 Hampton Rd., Annapolis, Md. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY AN CAUSED BY: MARTERIOSCIEROTIC cardiovascular disease with congestive heart failure Conditions, if any, which gove rise to immediate DUE TO, OR AS A CONSEQUENCE OF cause (a) stating the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IG Remote cerebrovascular accident 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 21f. LOCATION CITY OR TOWN COUNTY AT WORK NOT WHILE PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE I BAITIMORE, MARYLAND, 21201 AT WORK X Autopsy Inspection ond in my opinion death resulted be Undetermined manner TITLE (SPECIFY) ACTUAL A M.D. Chief 11-11-87 SIGNATURE MEDICAL EXAMINER Smialek, M.D. EXAMINER'S N 111 Penn St., Balto., MD 21201 TYPE OR PRINT ADDRESS 23d LOCATION
CITY OR TOWN
Baltimore 23a BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY Maryland 11/12/1987 Cremation Green Mount Crematory 07/84 24. FUNERAL DIRECTOR DHMH - 17 Walter Brooks Bradley Inc. Balto., Md. 21222 Julia Dividson Roadall (VR A15 ME (5))

STATE OF MARYLAND

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	o m =			E OR PRINT)						26. DATE OF DEATH MONTH	AY YEAR 2b. HOUR
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1	Pol di	15//	4	IRTHPLACE (STATE OR FO		CITIZEN OF	WHAT COUN	MARRIE	NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
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1	vith with	2/	J 0. €	ITY OR TOWN OF DEA	TH 11			URSING HOME (OR OTHER INSTITUTION	120. USUAL OCCUPATION	126 KIND OF BUSINESS OR
5	by #	18-	7	BACT	/	5. P	AUT.	GEN.	HUSP	Homema Ker	INDUSTRY
212	in be f	471	USU	AL RESIDENCE (IF NURSII	NG HOME OR OTH	MER INSTITUTION,	GIVE RESIDENCE	BEFORE ADMISSION	HIST BUCKES COTY III LITER		21144
2	24	3	1	MO	XXX		SEVE		13d. INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CODE 8388 NEW LUT	RN 21144
YLA	1	AF	JAY	ATHER'S NAME		-		,,,,,	15. MOTHER'S MAIDEN N.	AME	
BALTIMORE, MARYLAND 2120	and and	1/12	4	George	MID	Robert	_	rice	Lullubel		Charvez
ORE,	Pag	00/		WAS DECEASED EVER I	N U.S. ARME			SECURITY NO.	17 INFORMANT	ADDRESS	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.	sig Then	9 2	N N								
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OF .	phy rtific	D E		OR CONTRIBUTING C		HOUR A.					
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/ISIG	then the	puo	AE	WHILE NOT WHI	E			OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
6	or o Afre	mark		220. I certify that (1) (ottended th	e deceared f	from 11	111.	7 . 11.16	0 87 about 681-1
	To So	H =		sow the decease obove, (I) (ve) (di	d/olive on	/ One inded in	16		d that in (my) (our) opinion	death occurred on the date and hour	and from the causes stated
	P P P P P P P P P P P P P P P P P P P	9 C E		obove, (I) (Î) (di 22b. SIGNATURE	d) (did not) v	new the body	ofter deoth.		DEGREE		22c. DATE SIGNED
10	Sha Bah	# E		1001	17m		n		ATTENDING	MEDICAL STAFF	11.16.87
	RAL det	\$ E-	-	Manan	-	7,111	0		PHYSICIAN	DIRECTOR PHYSICIAN	11.1007
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ì	N	> 74	23e.	BURIAL, CREMATION, F		236. DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OR LOWN	JAE's YIMIGO
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D	HMH - 16 6	OM 7/84	24 F	DIVERAL DIRECTOR			ADD	DRESS	25e. D.A	TE REC'D. BY REGISTRAR 256. REGISTE	AR'S SIGNATURE
	(VRA 15			James	S. Kir	kley,	Glen E	Burnie, N	ID NOV	722 1801 Pro Da	idern. Randallo

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST

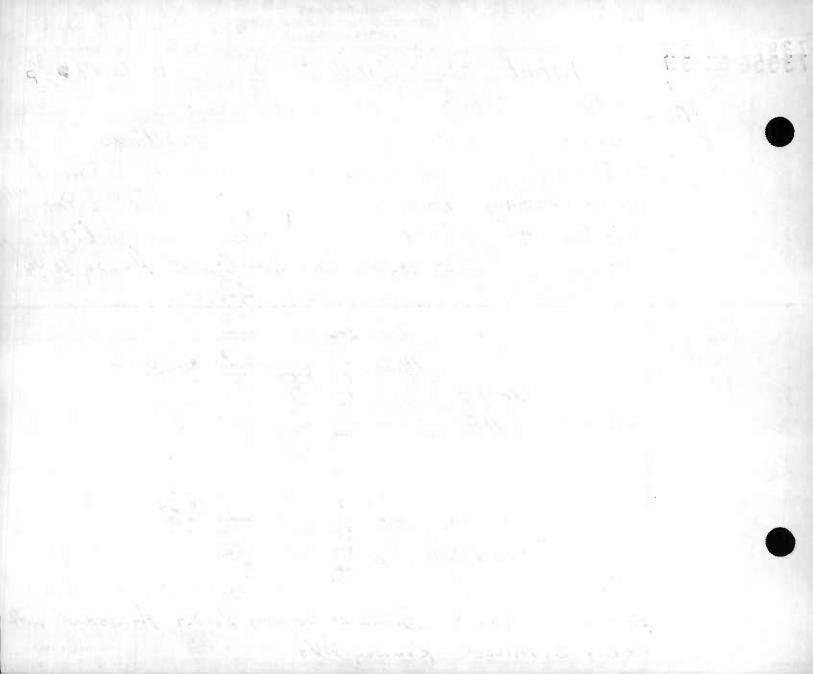
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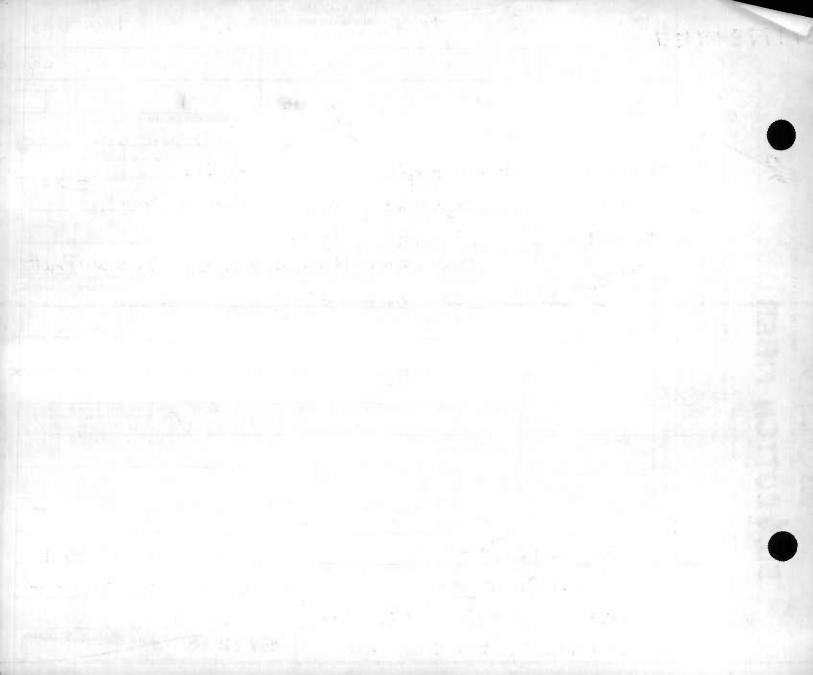
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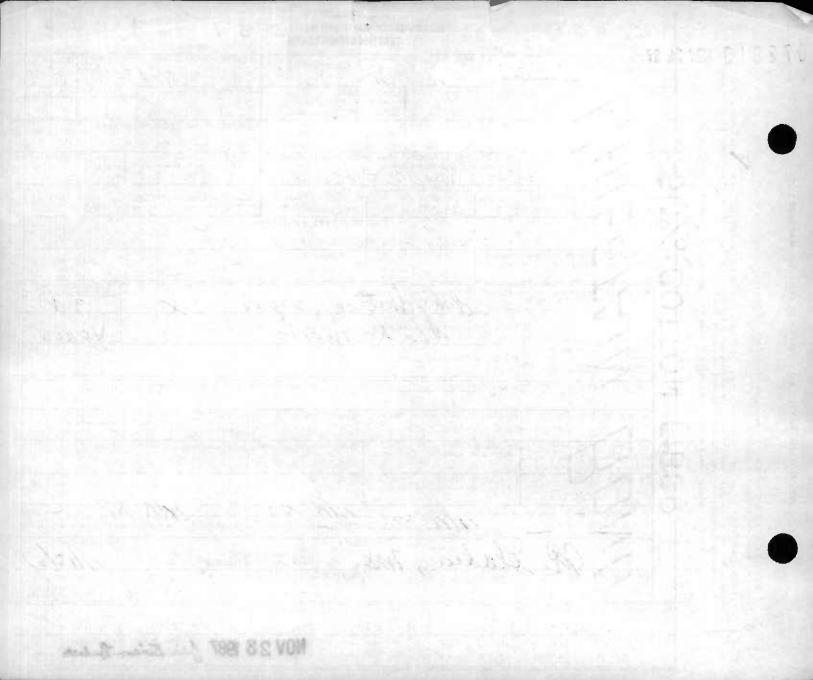
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE? - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 20 DATE OF DEATH 26 HOUR DECEASED NAME MONTH TYPE OR PRINT I. SEX 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR A METHPLAC STATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED [11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION CITY OF TOWN OF DEATH 12a USUAL OCCUPATION 126. KIND OF WASINESS OR INDUS NCE (IF NURSII G HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ARMSSION) 13d. INSIDE CITY LIMITS? YES [15. MOTHER'S MAIDEN NAME MIDDLE ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMAN (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g) DUE TO, OR AS A CONSEQUENCE Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED HE TERM WILDISEASE OR CONDITION GIVEN IN PART To 206. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOK NO [21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PA 214 INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE STREET AT HOME, STREET FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WITHOU 22s. I certify that (1) (this hospital) ottended the deceased from saw the deceased alive an and that in (my) (our) opinion deoth occurred on the date and have and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death 72h SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN ADDRESS 22d PHYSICIAN'S NAM 23a BURIAL, CREMATION, REMOVAL 23b. DATE 73c NAME OF CEMETERY OR CREMATORY D_BY REGISTRAR 256, REGISTRAR'S SIGNATURE DHMH - 16 50M 1/8T (VRA 15, 4)





		ron.		STATE OF MARYLAND	6%	1 h (62)
7 1 7 7 6 NOV 13	87	FOR STATE REGISTRAR	DEPARTA	RENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO	31705
		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR
moy be page 3	,,	PENDER		CAMPBELL		11 04 87 45PM
	3. SE	-	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
ge 4		MALE	BUYCK	MONTH DAY YES	71	YRS
death. Po		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED MORCED	R-11	RECOUNTY OF DEATH OF CITY MD.
John the red with	13	a. Honore	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, MERCH HOSE	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (Type of WORK FOR MOST OF	ON 12b. KIND OF BUSINESS OR
24 hours		AL RESIDENCE (IF NURSING HOME OR TATE 136, COUN	OTHER INSTITUTION GIVE RESIDENCE BEFOLE NTY 13c. CITY OR TOW		13e.STREET ADDRESS /	ZIP CODE 2/20/ Saratoga St
MARYLA npletely ond 2 sho	1	THER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN NA		LAST
RE,	160 V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU		ADDRE	SS
MORE e execu pages medico	1	(IF YES, GIV	(E WAR OR DATES) 215-10-	9942 Martene	Heckstall	2519 W. Pratt
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours or attending physicion. Her this certificate has been signed by the ottending physicion and campletely filled in bos the buriol-transit permit. Then please remove corbampapers. Pages 1 and 2 should be filth and Mental Hygiene prior to buriol, cremotion, or removol. orked at Item 18 shows any injury, at other troumatic event, the medical examiner most be at a state of the contract of the contrac		Conditions, if ony, which gave rise to immediate cause (0), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	Carcinoma of lung	MINAL DISEASE OF CONT	NITION GIVEN IN PART 1:0
RDS, equire n sign Then r to bi	N O	TAKE OTHER STOTAL CATAL	201101110110101010101010101010101010101	DEATH BOTTO RELATED TO THE TERM	WILLIAM ON COLLE	THO TOTAL THE
he law r on. has bee t permit. ene prio	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? YES NO D	206. IF YE'S, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
PHYSICIAN: TI PHYSICIAN: TI this certificate the buriol-transition of Mental Hygi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	YEAR 19	RRED (ENTER NATURE OF INJUR	Y IN ITEM TB. PART T OR PART 2)
DIVISION ING PHYS Tottendir After this os the bu Ith and Mi	MEDICAL	21d, INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY		CITY OR TOV	VN COUNTY STATE
ATTENDIP spitol or CTOR: A for use of Healt			tal) attended the deceased from	57, and that in (my) (our) opinion	deoth occurred an the da	te and haur and fram the causes stoted
TAL OR A the horal DIRE detoched oute Dept.		226. SIGNATURE SULL	ed, u.s.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	
O HOSPITAL etained by th TO FUNERAL should be dete		22d PHYSICIAN'S NAME (TYPE OF	Scholit, M.D.	122. ADDRESS Meyoythosp.	bal-301 St. Pw	JA, Balto 21202
₽₽ ##3 <u>8</u>	23a E	BURIAL, CREMATION, REMOVAL SPECIF BUrial		NAME OF CEMETERY OR CREMATORY t Zion Cemetery	23d LOCATION CITY OF TOWN Landsdow	
DHMH - 16 60M 7/84		JNERAL DIRECTOR	West 4300 Walla	sh Avenue	DV 12 1987	25b. PEGISTRANS SIGNATURE





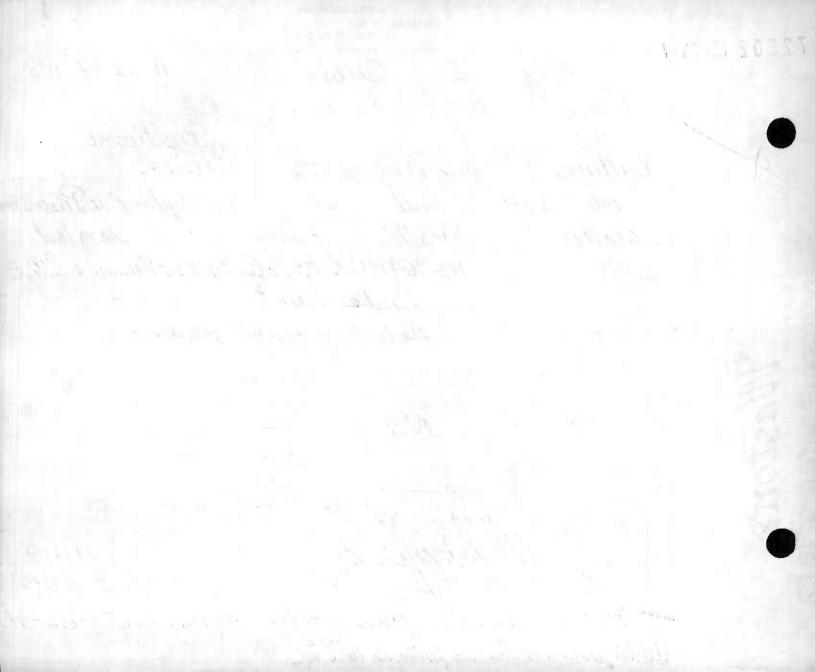
P.O. Box 4433

Brown/Thompson F.H.

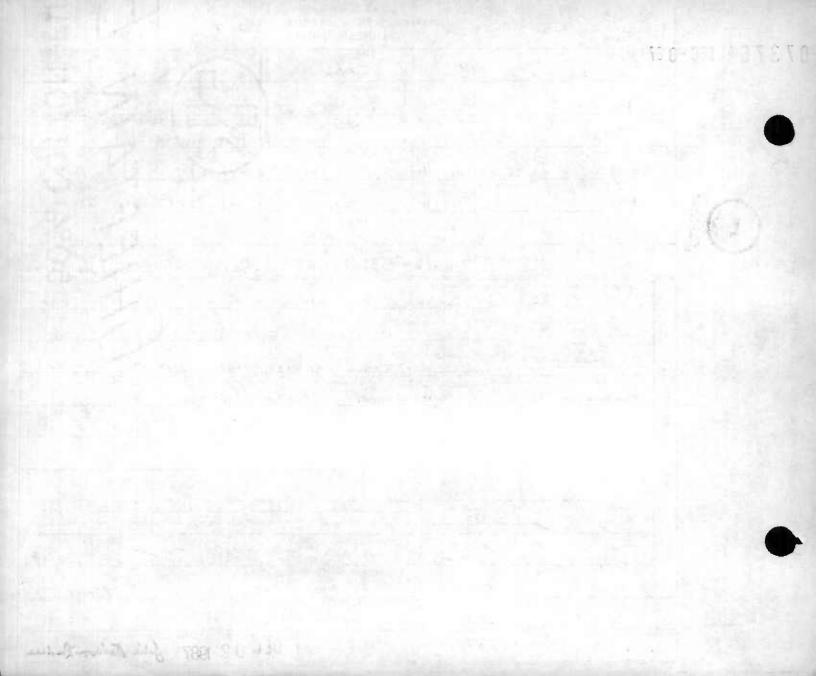
(VRA 15, 4)

STATE OF MARYLAND

72902 NOV 248	1-	FOR STATE REGISTRAR	DEP	STATE OF A PARTMENT OF HEALTI CERTIFICAT		REG. NO	3 1 7	0 9
7 Z 9 O 2 NOV 24 8		CEASED NAME MONEY	RACE	S. DATE OF BIRT	bin	20. DATE OF DEATH		
Page 4 director, naturs often	i≱a, Bi	Fende RTHPLACE (STATE OF FOREIGN 7)	CITIZEN OF WHAT COUN	MONTH 02	12 24	63	YRS. PAY	
1 15 35		OUNTRY MD	1. NAME OF HOSPITAL N	MARRIED WIDOWED	DIVORCED	B A	ltimore	OF BUSINESS OR
		Baltiman	(IF NOT IN SUCH FACILITY, GIVE	OF MD CA	CTR	(TIPE of MONEY OF OST OF	WORKING LIFE) INDUSTR	
in 24 ha y filled should be		TATE MO 136	THER INSTITUTION, GIVE RESIDENCE	TOWN C S 13d. II	NO [323 104	ton Aue	Princen An
RE, MARYLAND cecuted within 24 d completely filled less can be should that examines must	,14. FA	Claster M	DDIE PO	2/18	Emily	MIDDLE	dans	ford
BALTIMORE, are be executed to spers. Popers. Popers, vol. 7, the medical		/AS DECEASED EVER IN U.S. ARM es, NO OP UNKNOWN) (IF YES, GIVE	ED FORCES? 166 SOCIAL MAR OR DATES) 113-	26-9779	ally Hal	2. Bet. 285	-Prenem	Que 155 P
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY:	Cardial	Arrest	-	APPR BETWEE	OXIMATE INTERVAL EN ONSET AND DEATH
RDS, 201 W. PRESTON ST equires that the death certi- n signed by the attending in Then please remave carbon ta burial, cremation, or ren injury, or ather troumatic ev	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CON: (b) DUE TO, OR AS A CON: (c) ONDITIONS CONTRIBUTING	ACUTE NAM SEQUENCE OF	Lynghay RELATED TO THE TERMI	VAL DISEASE OR COND		lio
Neconit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	WHICH OPERATION WA	S PERFORMED	20a AUTOPSY?	206 IF YES, WERE FINI IN CERTIFYING CAUS YES []	DINGS USED SES OF DEATH?
VIT. Thysici Tronsici Tronsi Hyge sh	-	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH	H DAY YEAR	HOW INJURY OCCURRI			
VISION S PHY orthorial ond M ked or	MEDICAL	214. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	211. 1	OCATION STREET NA	CITY OR TOV	VN COUNTY	STATE
DIY Or or		22a.t certify that (I) (this hospital saw the deceased alive on above [I] we gold told and	11/14	00	1 in (my) (our) opinion d	eoth occurred on the do		the couses stated
ALOR AND INFO NI DIRECTOR OF The Dept.		22b. SIGNATURE	Mahama	H: DEGR	ATTENDING	MEDICAL STAF	F _ /	1 1489
TO HOSPITAL retoined by the TO FUNERAL should be determined by with the Store		274 PHYSICIAN'S NAME (TYPE OR	SETN (176	ez S.G	rune 8t.	Bett.	m)21201
BP———	23a E	URIAL, CREMATION, REMOVAL SPECIFYING	23b. DATE 11-21-87	230 NAME OF CEMET	ERY OR CREMAJORY	23d LOCATION Print OR TOWN	Well Som	Lepar Ml
DHMH - 16 50M 1/81 (VRA 15, 4)	19 1	INERAL DIRECTOR	Seneral Find	DRESS BUILDING BUILDING	2/80 NOV	23 1987	Aulia Devider	ATURE - Pandage



(VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

OHEGISTRAR		CEKITI	ICATE OF DEATH	REG. N	0		
1. DECEASED NAME FIRST	WIDDLE		LAST	20 DATE OF DEATH	MONTH	DAY YEAR	25 HOUR_
(TYPE OR PRINT)	Evelyn F. Carring	ton			11	8 8)	698 AM
3. SEX	4. RACE	5. DATE O		6. AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	
Female	Black	10	18 1921	66	YRS	MONTHS DATS	HOURS MIN.
To. BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8.		9 BALTIMORE CITY		Y OF DEATH	
Virginia	U. S. A.	WIDOWI	D NEVER MARRIED DIVORCED	Baltimor	e City	V	AAD
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	ING HOME		12a USUAL OCCUPAT	-		OF BUSINESS OR
Dalhimana	(IF NOT IN SUCH FACILITY, GIVE STREE		ni+al	Housewife		IFE) INDUSTRY	Home
Baltimore Bual RESIDENCE (IF NURSING HOME	Union Memoria OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR		pitai			Manul	
130. STATE 13b CO			136 INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP COD	E Maryia	ANU ZIZIO
Maryland	Baltimo	re,	YES NO []	2712 Riggs	aven	ue, Ba.	timore,
FIRST	MIDDLE		FIRST	WIDDLE		LA.	IST
John	Farmer		Millie			artwri	
160 WAS DECEASED EVER IN U.S. (YES. NO OR UNKNOWN) (IF YES.	ARMED FORCES? 16b SOCIAL SEC	URITY NO.	17. INFORMANT			Maryl	
No.	217-20-	2841D	Vilita C. Yar	cboro 3411	Devoi	nshire	Dr. 2121.
18 CAUSE OF DEATH (Enter	only one couse per line for (o), (b), o	nd (c).1		1 .		BETWEEN	XIMATE INTERVAL
PART I. DEATH WAS CAU	JATE CAUSE (0) Carci	nomad	hs Meurge	his		Sla	U. Weeks
1 / 1/26	DUE TO, OR AS A CONSEOL				-11/10		
Conditions, if ony, which	(b) Oat Ce	ll Ca	Noer			44	zurs aga
gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	IENIGE OF			1		1 0
underlying couse lost.	DUE TO, OR AS A CONSECU	JENCE OF					
PART 2. OTHER SIGNIFICAN	IT CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	VEN IN PART 1	Ia
	N 1.		The state of the s		0111011011	· Li · · · · · · · · · · · · · ·	
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YE	S, WERE FIND	INGS USED
£				YES TI NOT		FYING CAUSE	
21g. ACCIDENT WAS UNDERLYING	71b. TIME OF INJURY		21¢ HOW INJURY OCCURR			ES DE PART 21	NO []
OR COLUMNIA COLUMN OF	DEATH HOUR A.M. MONTH	DAY YEAR	-	(E1116) 111100 01 11100		AK TOK TAKE 27	
(IF EITHER NOTIFY MEDICAL EXAMT	P.M.	19	21f LOCATION				
MANE OCCORRED	(AT HOME, STREET, FACTORY, OFFICE	FARM, ETC)	STREET	CITY OR TO	NWN	COUNTY	STATE
AT WORK		16	2 - CAR	11. 9		43	
	spital) attended the deceased from,			, to		-	, that (I) (we) lost
	not) view the body ofter deoth.		nd that in {my} (our) opinion o	death occurred on the d	ote and hou	it and from the	couses stated
22b. SIGNATURE	1 11 6 318		DEGREE	MEDICAL CTA			ESIGNED
rank	Next-port		NO ATTENDING PHYSICIAN	MEDICAL STA		11-	8-8]
22d. PHYSICIAN'S NAME (TYP	OR PRINT)		22e. ADDRESS				
Koethy	VORK-Smth_		201 E. Univer	rsity Parkw	av, B	alto.,	MD 2121

23c NAME OF CEMETERY OR CREMATORY

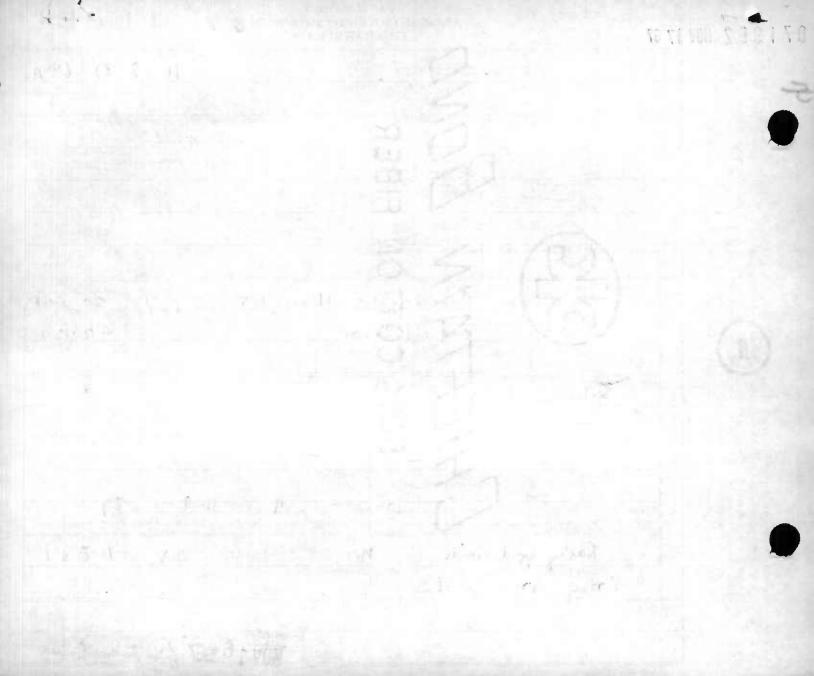
DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

23b. DATE

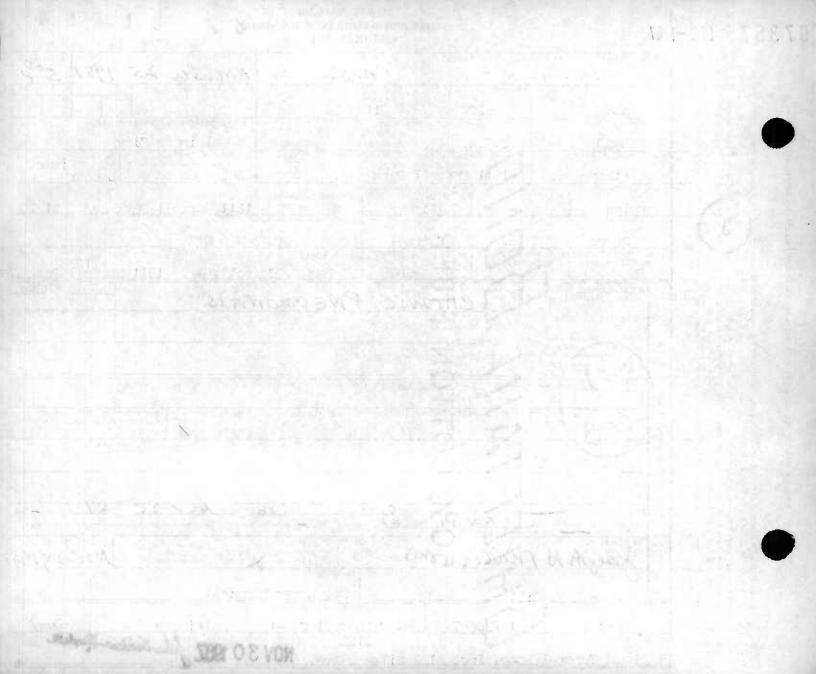
Burial 11/12/1987 Mt. Auburn Cer Professor State Professor State Mt. Auburn Cemetery 23d LOCATION
CITY OR TOWN
Baltimore

Maryland



		1-	FOR STATE		DEPARTMENT OF HEAD	F MARYLAND TH AND MENTAL HYGIR	NE 7 3 1	7 3
77933	3 NOV 25	京 万百	REGISTRAR CEASED NAME FIRST	WEI	DICAL EXAMINER'S	CERTIFICATE OF DE	ATH REG. NO.	
. 200		(IV	PE OR PRINT)	M T	IMOTHY	CARROLL	OF ESTI-	11-21-87
FA	SE S	3. SE		5 DATE OF BIRTH		UNDER 1 YR. IF UNDER 24 HRS		17 M
A YA	ALONS TREET,	-	MALE BLACK	10 6	87 LAST BIRTHDAY) M	ONTHS DAYS HOURS MIN.	PRONOUNCED 11-2	19 M
	S C C C C C C C C C C C C C C C C C C C	EC	IRTHPLACE (STATE OR DREIGN COUNTRY)	76. CITIZEN OF WH	WID	RRIED NEVER MARRIED K	Baltimore	
ELAY IS	A PER PRESENTATION OF THE PER	100	Baltimore	Saint Ag		(chest pain)	SUAL OCCUPATION (TYPE OF W	ORK 12b KIND OF BUSINESS OR INDUSTRY
. 21201		13e. S	AL RESIDENCE IN IN NURSING HOME TATE IS A COUNTY	OR OTHER INSTITUTION, GIV NTY	PERSONAL BEFORE ADMISSION) 13, CITY OF TOWN BALTIMORE	13d INSIDECITY LIMITS? 13e ST YES NO 250	PREET ADDRESS 2 WINCHESTER S	STREET APT J
BALTIMORE, MD.	AND	-	ATHER'S NAME JAMES	MIDDLE	CARR OLL	PAULETTE	WIDDLE	GRIFFIN
IIMO TER (IVE PAG H FORM AGES I	16a V		MED FORCES?	166 SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
SAF	WITH PAG		NA		NA	PAULETTE GRIF	FIN 2502 WINCH	IESTER ST APT J
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S GERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR	TING THE WORD "PENDING" IN PENCIL IN ITEM 18. PED TO THE CHIEF MEDICAL EXAMINER ALONG W. 3 SHOULD BE USED AS A BURIAL TRANSIT PERMIT. PERMIT PERMIT OF HEALTH AND MENTAL HYGIENE, IT PROFES TO BURIAL, CREMATION, OR REMOVAL.	NOI	Canditians, if any, which gave rise to immediate cause (a) stating the <u>underlying cause lost</u> . PART 2 OTHER SIGNIFICANT CONDITIONS	(b) DUE TO, OR (c)	INT NOT RELATED TO THE TERMINAL OF			
ALR	ORD "PI CHIEF / CHIEF / TOF HE URIAL,	CAT	19a. DATE OF OPERATION	19b. CONDIT	ION FOR WHICH OPERATION	WAS PERFORMED?		20 AUTOPSY?
DIVISION OF VIT	E, WRITING THE WOR WARDED TO THE CH PAGE 3 SHOULD BE L STATE DEPARTMENT C 21201 PRIOR TO BUR	MEDICAL CERTIFICATION	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 710. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	DEATH P.M. 21e PLACE O	MONTH DAY YEAR	HOW INJURY OCCURRED (ENTE LOCATION STREET	R NATURE OE INJURY IN ITEM 18 PART 1	YES NO OR PART 2) COUNTY STATE
MEDICAL EXAMINER: TH	EXECUTE THE CERTIFICATE, WRITHING A 646E 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 33 AFTER DEATH, WITH THE STATE DE BALTMORE, MARYLAND, 21201 PR		27a I certify that I took share death resulted from Lintu ACTUAL SIGNATURE	ge of his remains desc	Accident . Juicide	TITLE (SPECIFY) _M.D. ChiefME	etermined manner ,	ATE 11-22-87 Ore, MD 21201
01	PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	23a.B	URIAL, CREMATION REMOVAL		23c. NAME OF CEMETER	Y OR CREMATORY 23d. L	OCATION	
07/84	BP	(BURIAL	11/25/87	KING MEMOR		NDALLSTOWN,	COUNTY STATE MD
25M	DHMH - 17	24 F	UNERAL DIRECTOR MARCH F/H	TNC ADDRESS	O1 F NORTHA		SY REGISTRAR 256 REGISTRAL	R'S SIGNATURE

070		E 050		• FOR	DI		E OF MARYLAND BEALTH AND MENTAL HY	CIENTS?	3 1 7 1	4
0/3	351	5 DEC -	l b	STATE REGISTRAR			ICATE OF DEATH	REG. N	10	•
		WELL OF		CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH		HOUR
	y be	deoth deoth	(TYP	THOMAS	F.	CAR	ROLL, SR.	November	25 1987 4	500 M
	E	r, po	3. SE	X	4 RACE		OF BIRTH	6. AGE (IN YEARS LAST BI		NDER 24 HRS
9	09e 4	urs of	0	MALE	WHITE	11	24 02	85	YRS. MONTHS DAYS HOU	JRS MIN.
	ج ا	22 hours	70 B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COL	JNTRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEATH	
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	ofter	by the fune filed within		Baltimore	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GR	VE STREET ADDRESS)		12a USUAL OCCUPAT	OF WORKING LIFE) INDUSTRY KIT	SINESS OR
120	Surs	e file		AL RESIDENCE (IF NURSING HOME O	1811 Morre	CE BEFORE ADMISSIONI	ave.	Salesman	Laundry	
W. PRESTON ST., BALTIMORE, MARYLAND 21201	27	The Action	130	aryland 136. COU	NTY 13c. CITY C		13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS	ell Park Ave. 2	21230
RYL	4	1	14. FA	THER'S NAME		AST	15. MOTHER'S MAIDEN NA	ME		22200
WA	15)	James		arroll	FIRST	KNOWN	LAST	
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W O	e ×	Poges medica	{	YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	5-7070	Thomas F. Ca	rroll .Tr	1811 Morrell P	Dark
ALT	te b			18. CAUSE OF DEATH (Enter o					APPROXIMATE III	INTENALO
H., B	tifico	physicio onpopers emoval. event, the		PART I. DEATH WAS CAUSE	FD RV.	ONIC	PNEUMO.	NITIS	BETWEEN ONSET	ANUSAACH
S Z	cer		100	IMMEDIA						
STC	deoth	and corbo		Conditions, if any, which	DUE TO, OR AS A CON	NSEQUENCE OF				
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2	on or	hos ber	Ĕ		1			YES T NOT	IN CERTIFYING CAUSES OF D	DEATH?
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70	Phy	計画		OR CONTRIBUTING CAUSE OF DE						
Z	G PHYSIC attending	5 0 X =	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	211 LOCATION			
/ISI	S Pt		¥	WHILE NOT WHILE D	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	STREET	CITY OR TO	OWN COUNTY	STATE
ā	Z a	After the se os the ofth ond morked		22a.1 certify that (I) (the bace	ital) attanded the decreed	tran 0 0	10 84	to Nov	26 10 57 that /	
	TEN	DIRECTOR: ached for us Dept. of He If Hem 21 is i		saw the deceased alive an	NOV 19	19 97	nd that in (my) (my) apinion		lote and hour and from the couse:	(I) (www) lost
1	R ATTEN hospitol	ed for	14	obave, (I) (and did not 22b. SIGNATURE	at) view the bady after death		DEGREE			
	L OR			Asa - de la	mina.	mo		MEDICAL STA	22c. DATE SIGN	ED
1		JNERAL d be det he Stote RTANT:		2 IL I YSICIAN'S NAME (TYPE	- roccert	77.5	PHYSICIAN (MEDICAL STA	CIAN /VOV 2	5,198
	OSP	FUNERAL old be den the State		ZEL PILSICIATA STAME (TIPE	OKPKINI)		ZZE. ADDRESS			
	O HOSPITA etoined by	TO FUNERAL should be det with the State		Joseph H. M			St. Agnes H	ospital		200
	F -		23a E	SURIAL, CREMATION, REMOVAL		23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
	BP_			Burial	11/30/87	New Cat	hedral Cemete	ry Baltimo	re Maryl	_
		30M 2/80	24 Ft	JNERAL DIRECTOR	AE	DRESS 2	1229 250. DAT	E REC'D. BY REGISTRAN	25h. REGISTRAR'S SIVA AT A	- ,
	(VRA	15, 4)	Hu	ubbard Funeral			ns Ave. NOV	30 198L a	March farm . f .	à



7.0		1.	FOR STATE REGISTRAR	Di	EPARTMENT OF H	OF MARYLAND EALTH AND MENT ICATE OF DEAT		7 REG. NO	3 1 7	7 1	5
113	44 DEC -	1.67	CEASED NAME FIRST	WIDDLE	i i	AST	2a.		MONTH DAY	YEAR 26	HOUR
	noy be		ORPRINT) Richar		Carr	/		- 11		8/10	PM
	ge 4 mo ector, p	3. SE	Male	4. RACE Black	S. DATE C	DAY - YE	6 A	S Y	MONTHS		UNDER 24 HRS
0	leoth. Po in 72 hou		RTHPLACE (STATE OR FOREIGN COUNTRY) N. C	76. CITIZEN OF WHAT COL	UNTRY? 8. MARRIE WIDOWE	NEVER MARRI	ED 🗀	Baltimore city of	R COUNTY OF D	ty	MD.
-	s offer d	100	altimore	11. NAME OF HOSPITAL, INFNOT IN SUCH FACILITY, GI University		OR OTHER INSTITUTION		DISANTED		L KIND OF BUDUSTRY	USINESS OR
ND 212	24 hour		AL RESIDENCE (IF NURSING HOME OF	VIY IBC CITY C	OR TOWN	134, INSIDE CITY LIA		STREET ADDRESS	vichit	a 21:	215 renue
AARYLA	d within	14. F/	THER'S NAME	MIDDLE DICK	(erson	15 MOTHER'S MAIL	DEN NAME	MIDDLE		Brow	
BALTIMORE, MARYLAND 2120	and		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCI.	AL SECURITY NO. -48-0739	17 INFORMANT Elsie	Carr	ADDRE	ss 302 W.		1.0
- 2	certificate be		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly ane couse per line for (a) ED BY: TE CAUSE (a)	(b), and (c).)	Aire.	s t	1941 019		APPROXIMATI BETWEEN ONSE	E INTERVAL T AND DEATH
IDS, 201 W. PRESTON ST	quires that the death is signed by the attending then please remove can to buriol, cremation, explicitly, or other traumant	NO	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CO	NSEQUENCE OF	Enbo Fibros NOT RELATED TO TH	olus is	l Disease or cond	DITION GIVEN IN	PART 1(0	
DIVISION OF VITAL RECORDS,	The law reicion. te hos been sit permit. I grene prior shows ony in	CERTIFICATION	190 DATE OF OPERATION	1% CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED		YES NO	206. IF YES, WER IN CERTIFYING YES	CAUSES OF	USED DEATH?
OF VITA	SICIAN: The ing physicio certificate horiol-transit tentol Hygie Item 18 sho	6 B	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MON	ITH DAY YEAR	21c HOW INJURY	OCCURRED	(ENTER NATURE OF IN)UR	Y IN ITEM 18 PART I O	R PART 2)	2118
IVISION	DING PHYS or attendin After this c is as the bur alth and Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY		211 LOCATION STREET		CITY OR TOV	wn co	YINUC	STATE
_	pital TOR for us of He		220.1 certify that (1) (this hasp saw the deceased olive on abave, (1) (we) (did) (did no		19	, 19 nd that in (my) (our)		ta h occurred an the do	te ond hour ond		(I) (we) last
•	OR he he he coche		226. SIGNATURE	7. M		DEGREE ATTEN PHYSI		NEDICAL STAF	F _ /	20 DATE SIG)
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	DHMH - 16 50M 1/81 (VRA 15, 4)		uneral director 1. C. March F/H	West 4300 Wa	abash Ave		NOV 3	0 1987.	GATRALS	SIGNATION	all.

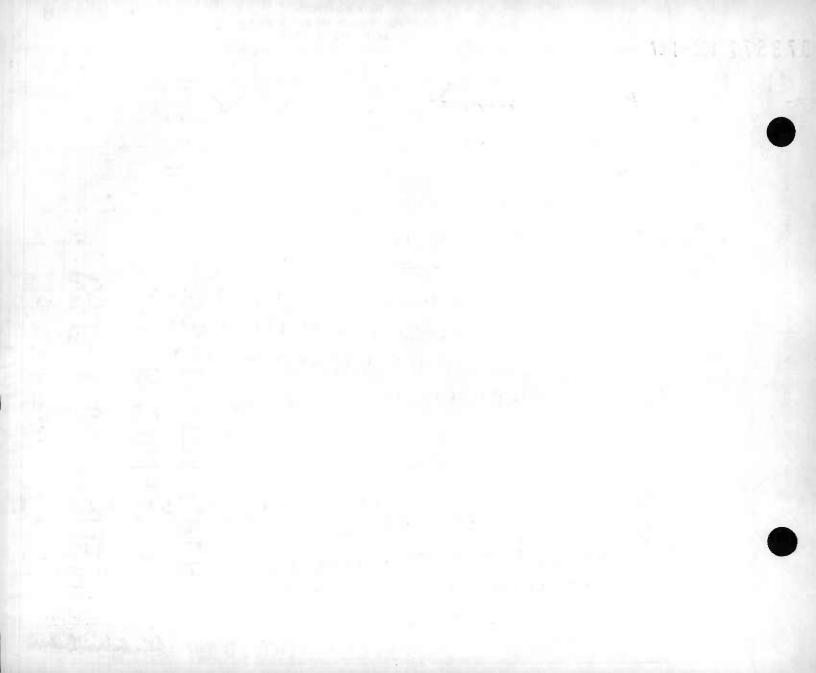
MOAS O SEL TOTAL

72477 NO	V 19	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENS 7 3 1 7 1 6 TREGISTRAR CERTIFICATE OF DEATH REG. NO.
moy be poge 3		DECEASED NAME MARY E. CARTER 20. DATE OF DEATH MONTH DAY YEAR 20. HOUR AM
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deoth. Page uneral direct	35 6	BIRTHPLACE (STATE OR FOREIGN 7) CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED P. BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED BALT. CITY OR COUNTY OF DEATH WIDOWED DIVORCED BALT. CITY OR COUNTY OF DEATH WIDOWED DIVORCED BALT. CITY OR COUNTY OF DEATH WIDOWED DIVORCED BALTIMORE CITY OR COUNTY OR C
- Z + + B	10	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 11. NAME OF HOSPITAL HOME OR OTHER INSTITUTION 11. NAME OF HOSPITAL HOME OR OTHER IN
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BALTIMORE, cote be execute by sicion and copper page.	16	(YES, NO OR YUKNOWN) (IF YES, GIVE WAR OR DATES) 212-34-4111 (NOTE 1095 UNIVERSITY AUCT
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OR ATTEND hospital or insectors: hed for use	If Item 21 is	220. I certify that (I) (this hospital) attended the deceased fram sow the deceased alive or abave (I) (we) as a solution of the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR DEPHYSICIAN
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BP	_ 23	BURIAL, CREMATION, REMOVAL 23D. DATE 23G NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE BUT'S OL 11/23/87 Mt. Auburn Cem. Baltimore MD
DHMH - 16 50M 1/1 (VRA 15, 4)	81	FUNERAL DIRECTOR 136 DATE REC'D BY REGISTRAR'S SIGNATURE NOV 1 8 1987 Julia Deviden Fundación NOV 1 8 1987 Julia Deviden Fundación

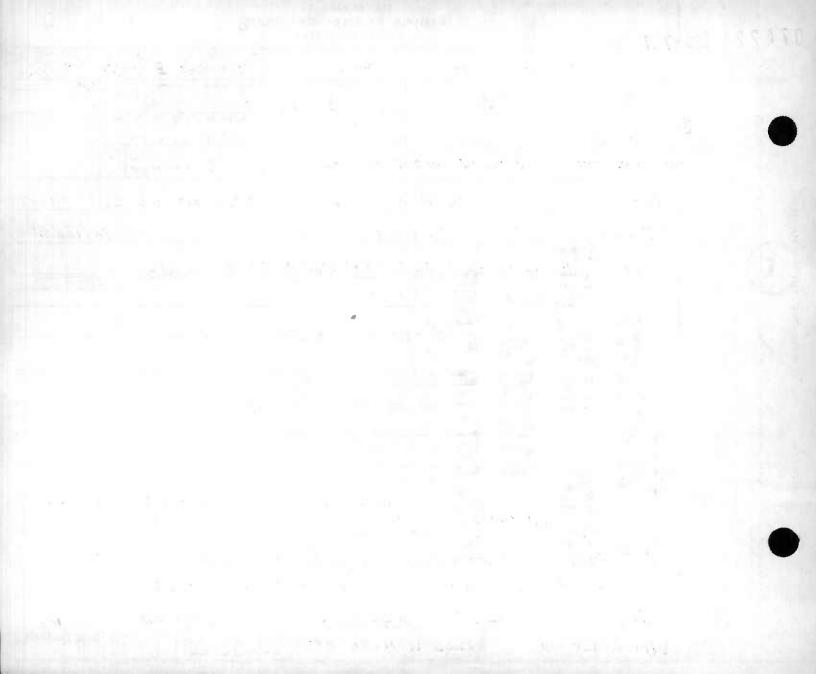
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DHMH - 16 50M 1/B1 (VRA 15, 4)	24	Guynn Fur	ADDRESS ADDRESS	1517 Heights	NOV 1 3 1987 E	GIARGE A BICHTINE Kongan

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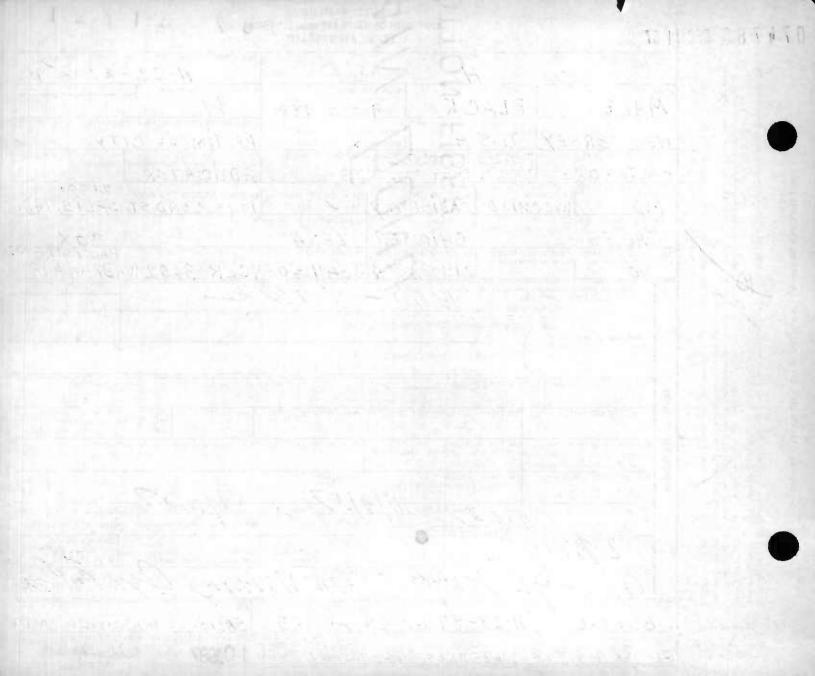
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

DHMH - 16 60M 7/84 (VRA 15, 4)

SURIAL

FOR

- STATE

BY REGISTRARIES WEGISTWAN

22c DATE SIGNED

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25 HOUR

12b. KIND OF BUSINESS OR

IF UNDER 24 HRS

IF UNDER I YEAR

INDUSTRY

YES [

COUNTY

STATE OF MARYLAND

23c. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 Leonard J. Ruck, Inc. Baltimore, Maryland (VRA 15, 4)

23b. DATE

Nov 10

1987

230. BURIAL, CREMATION, REMOVAL

Burial

FOR

- STATE

Baltimore Maryland 100 PR 256 REGISTRAR'S SIGNARD

COUNTY

23d. LOCATION CITY OF LOWN YES M

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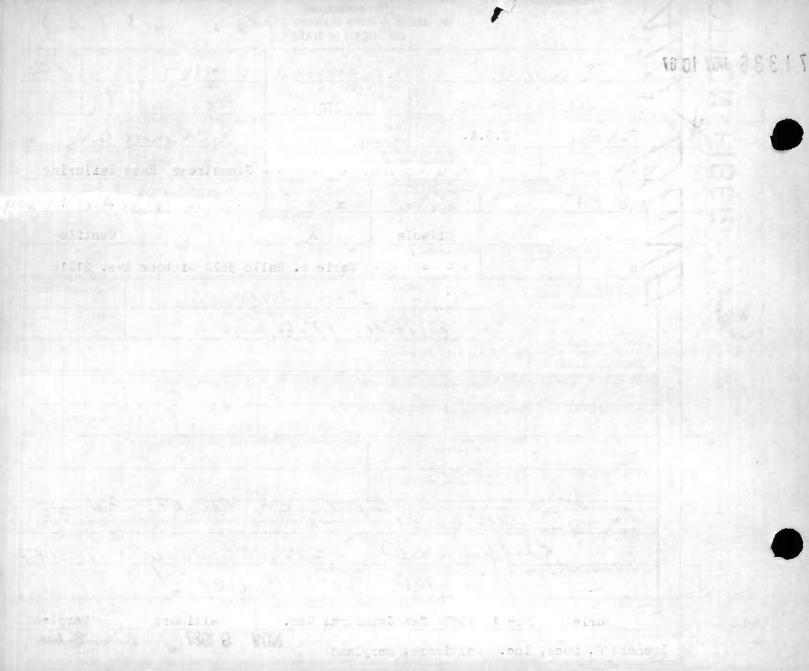
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D. 21201 IF ANY DELAY IS NECESSARY, PLEASE 2, AND 3TO THE FUNERAL DIRECTOR. 3. RETAIN PAGE 5, FOR YOUR FILES. 5. HOULD BEGLED, WITHIN 72 HOURS 14. RECORDS, 20 W. PRESTON STREET,		Baltimo	re			nument	Stre	et		Nu	rse	ING MFE		Hos	spita	ì
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A STANCE	-	EXAMINER'S	Ann	M. Dixon,	M.D.			ADDRESS	111 Pe	enn S	St.,	Balto)., N	1d.	2120	1
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFEE DEATH, WITH THE ST. BALTMORE, MARYLAND, 2	23o. B	URIAL, CREMAT	ION, REMOVAL			NAME OF CEA		TO DITE OU		123d 1.OC	ATION					
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DHMH - 17 (VR A15 ME (5))			FUNERAL						MOV	10	1087	Julia	Tonke	Con-1/	,	
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157 NOV 17	87	STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	0.	153	
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or 4 may order pag	3. SE	Male	4. R.	ACE White	5. DATE C	DAY WEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF UN MONT	DER I YEAR	IF UNDER 24 HI HOURS MI
A state of	7a. B	RTHPLACE STATE OR FORE	IGN 7b. C	USA	JTRY? 8.	D NEVER MARRIED	9. BALTIMORE CITY O			
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ondcor fogel 1	160	VAS DECEASED EVER IN		FORCES? 166 SOCIAL	SECURITY NO.	17. INFORMANT Mr. Alfred	ADDRE		as #	13
greed by the atten- plessed by the atten- en plesse remove of bursal cremation, by, or other traumo	z		the last.	DUE TO, OR AS A CON	sequence of	NOT RELATED TO THE TERM	inc Ca	DITION GIVEN II	N PART 110	
The landing of the la	CERTIFICATION	19a DATE OF OPERATIO	N	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WE IN CERTIFYING	G CAUSES (
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ING PHYSIC r attending After this cer as the buria ith and Ment arked ar Her	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C	FFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
R ATTENDING hospital or att RECTOR: After red for use as tipp, of Health and rem 21 is market		saw the deceased o	alive an	attended the deceased	~ /	30/, 19.87 nd that in (my) (aur) apinian	death occurred on the do			hat (I) (we) l auses stated
OR DIRE		226 SIGNATURE	4	Cere		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F IAN 🔲	22c. DATE S	IGNED
HO HO		22d. PHYSICIAN'S NAMI SRIVII	AS	x S ,		22e. ADDRESS	MARITAN	LOCHRAL	560 EN BL	f Bug
Bb 7 8 8 8		BURIAL, CREMATION, REA (SPECIFY) Buria		36. DATE 11/18/87		emetery or Crematory Rwn Cemetery	23d LOCATION CITY OF TOWN Baltimor	e Marv	unty land	STATE
DHMH - 16 60M 7/84 (VRA 15, 4)		uneral director nard J. Ruc	k, Inc	5305 Harf	ress ord Roae	200	E REC'D. BY REGISTRAR	Julia To	SSIGNATU	_

(VRA 15, 4)

STATE OF MARYLAND

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230 BURIAL, CREMATION, REMOVAL

BURIAL

(SPECIFY)

GLOUCESTER, VA. 250. DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DYETT 4600 LIBERTY HEIGHTS AVE DHMH - 16 60M 7/B4 (VRA 15, 4)

23c NAME OF CEMETERY OR CREMATORY

ZION HILL BAPT.CEM.

c/o MARYLAND GENERAL HOSPITAL

23d LOCATION

CITY OF TOWN

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

26 HOUR

8:55

12b. KIND OF BUSINESS OR

21215

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

COUNTY

22c. DATE SIGNED

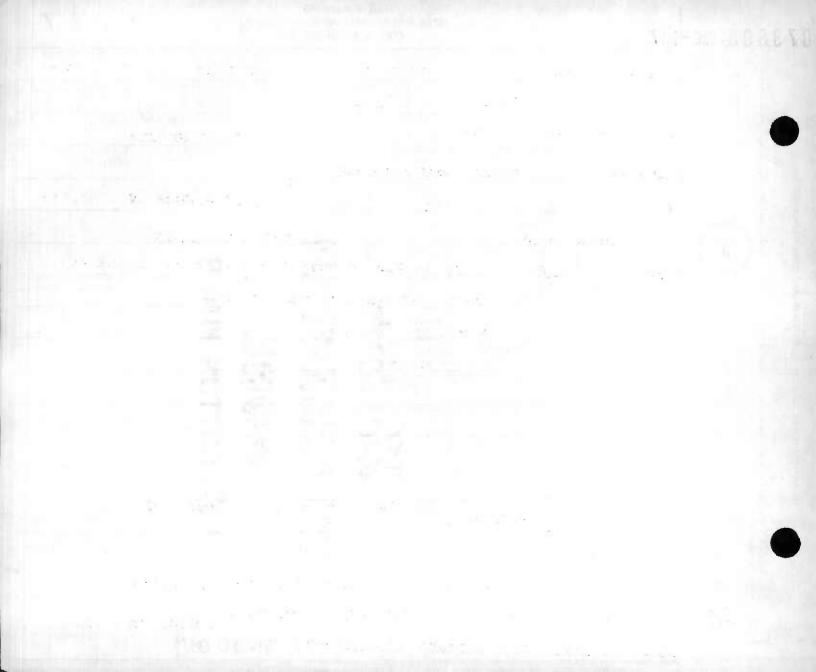
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LAST

IF UNDER 24 HRS

IF UNDER TYEAR

INDUSTRY





1801 1 0 0 3 0

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 87STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICA DECEASED NAME FIRST 20 DATE KNOWN MONTH 2b. HOUR TYPE OR PRINTS ESTI-OF 1087 4. IF ANY DELAY IS NECESSARY, PLEASE 2, AND 31 OTHE FUNERAL DIRECTOR. 13. RETAIN PAGE 5 FOR YOUR FILES. 23. SHOULD BE FILED, WITHIN TO HOUSE AMERICARDS, 201 W-RRESTON STREET, DEATH MATED X Edward Clayton 4 RACE DATE OF BIRTH A AGE UN YEARS IF LINDER 1 VR IF UNDER 24 HRS 9:35 DATE MONTH VEAR LAST BIRTHDAY PRONOUNCED 28 Male Black 8 59 DEAD YRS 11-10 1987 D. M TO BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Missippi U.S.A. WIDOWED DIVORCED Baltimore City 10 CITY OR TOWN OF DEATH OR INDUSTRY 1319 W. Presstman Street Baltimore Laborer Unemployed USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 134 INSIDE CITY LIMITS 13b COUNTY 13e STREET ADDRESS Md. Baltimore 1319 Preestman St. 21217 NO [14. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Virginia 17 INFORMANT Unknown Clayton LONG WITH FORM PERMIT, PAGES 1 GIENE, DIVISION O 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS YES, NO. OR UNKNOWNS Yes 350-22-4298 Alta Blue 3710 Seguoia Ave. 21215 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) 201 W. PRESTON ST., BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Alcoholism IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. DIVISION OF VITAL RECORDS; PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? (Head & Abdo RWARDED TO THE CONTROLL BETTE STATE DEPARTMENT TO BUTTE DEPARTMENT TO BUTTE 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 23 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH PM 21e PLACE OF INJURY LATHOME. 211 LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY EXECUTE THE CERTIFICATE
PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: PV
AFTER DEATH WITH THE SIT
BALTIMORE, MARYLAND, 2 (Head & Abdomen)
220. I certify that I took charge of the remains described above, held an Autopsy Natural causes XX Accident deoth resulted from Homicide Undetermined manner Deputy Chief SKINATURE Ann M. Dixon, M.D. EXAMINER'S NAM 111 Penn St., Balto., Md. 21201 TYPE OR PRINT ADDRES: 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION Ownings Mil Garrison Forest Vet. Md. Burial 07/B4 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR **DHMH - 17** William C. Brown 1206-08 W. North Ave. 21217 dia Devider (VR A15 ME (5))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 073539 REGISTRAR REG. NO DE TOPE END NAME 20 DATE KNOWN 2b HOUR ESTI-Louise MARY CLAYTON DEATH MATED 11-23-879 4. RACE DATE OF BIRTH 26 HOUR AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE LAST BIRTHDAYS PRONOUNCED 11-23-87, 2:30p female DEAD White 7-20-1932 To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Balto. Md. U.S.A. DIVORCED Baltimore City ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY 2001 Paulette Rd. Baltimore Apt. Cook Rtd Angelinas SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? ZOUTE Poutette Rd. NO M YES FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Gerhardt Mende Elsie 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES 16b. SOCIAL SECURITY NO 12640 Harford Rd. (IF YES, GIVE WAR OR DATES) 216-28-9661 Mr.Leonard L .Clayton, Kingsville, Md CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗌 NO X 210 EXTERNAL CAUSE WAS 2Th. TIME OF INJURY 21¢ HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 218 PLACE OF INJURY (AT HOME, 21d INJURY OCCURRED 21f. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY Inspection X harde of the remains described above, held an Autopsy Inquiry and in my opinion death resulted from Homicide Undetermined monner PAGE 4 SHOULD BE TO FUNERAL DIREC AFTER DEATH, WITH GRETIMORE, MARYL TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 11-24-87 SIGNATURE EXAMINER'S NAME Charles P. Kokes, M.D. TYPE OR PRINT 111 Penn Street 23a BURIAL, CREMATION, REMOVAL 23b DATE 731. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE Burial
24 FUNERAL DIRECTOR 07/84 11-28-1987 Enrk II Cem | Fork Baltimore **DHMH - 17** E,F.,Lassahn Funeral Home, 11750 BelairRd. Kings NOV, 80 (VR A15 ME (5)) Dandon.

		FOR	DEPAS	STATE OF MARYLA		NEZ 7	3 1	7 3	3
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Pito for of h		sow the deceased glive an above, (1) (we) (did) (did no	1) view the body ofter death.	87, and that in (my)	(our) opinion de	oth occurred on the de	ote and hour or	d from the couse:	s stoted
OR ATTI		226. SIGNATURE	C-0	DEGREE				224 DATE SIGN	ED
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funeral director, page 3

STATE OF MARYLAND

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DHMH - 16 60M 7/84 (VRA 15, 4)

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should be detached for use as the burial-transit permit. Then please remove carbainpage with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

TO FUNERAL DIRECTOR: After this certificate hos been

MacNabb Funeral Home, Catonsville, MD

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND

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	1		STATE OF MARYLAND
	1.	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENES 7 3 7 7 7
		REGISTRAR	REG. NO.
0 / 8 2 NOV -	4.5	PEASED NAME FIRST	MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
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t moy ir, pog fter de	3. SE	X	4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAY YEAR
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edicol		VAS DECEASED EVER IN U.S. AR	
Pogn e	-	YES, NO ORUNKNOWN) (IF YES, GIV	412-28-3380 SHIRLEY CORREA, SAME 25 (30
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9 ± 0	Ĕ	ACUTE LEVE	TEMIA— 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 120. AUTOPSY? 1206. IF YES, WERE FINDINGS USED
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S PHYSIC rtending or this cer the buria and Ment	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE	216 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) 211 LOCATION STREET CITY OR TOWN COUNTY STATE
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ATTENDIN ospital or e ECTOR: Aft of for use as of theolth m 21 is mor			to) attended the deceased from 10.12.8, 19.27, to 17.2, 19.22; that (1) (6) lost
E de feit		saw the deceased alive an above, (I) (we) (did) (did na	19 8 1, and that in (my) (gar) opinion death accurred on the date and haur and from the causes stated 1) view the body after death.
유 수 등 등 등 등 등		22b. SIGNATURE	DEGREE 22c DATE SIGNED
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BP		Burial	11-5-87 CEDAR HILL Maus. PALTIMORP. A.A. MID
	24 F	UNERAL DIRECTOR	7 27 S DATACCA 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE
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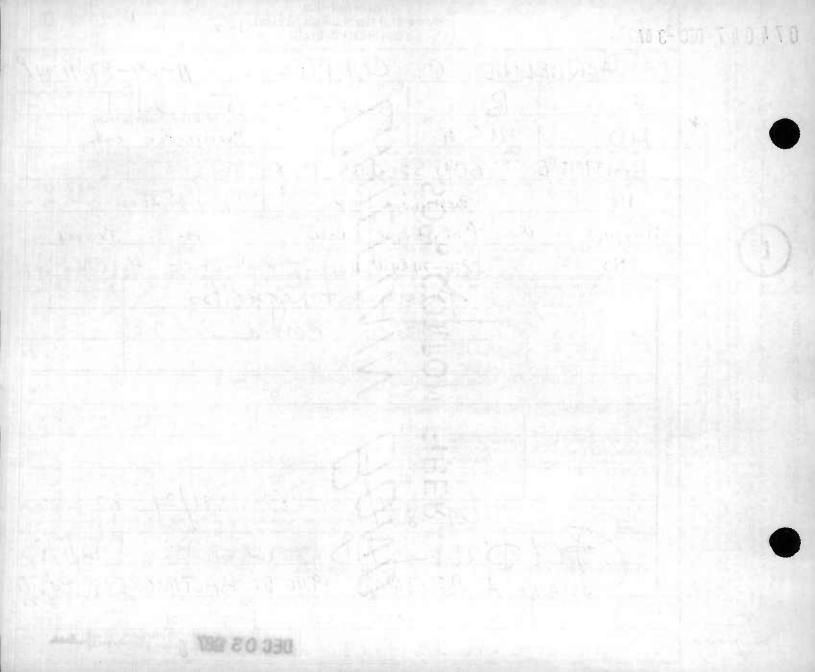
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T N	Y SICI	SOI W	CER	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OC	CURRED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2)
9	PHYSICIAN: ending phys	buriol-tr Mental or Item 1		OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	117	H DAY YEAR		
O	PHYSIC	this come bur de bur de dor lit	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
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	DING or of	50 40 1		220.1 certify that (I) (this hospit	ol) ottended the deceased f	rom	87, to 112	19 that (I) (we) lost
	Spitol			sow the deceased olive on obove, (I) (we) did not	view the body ofter death.	19 nd that in (my) (our) op	inion death occurred on the date one	d hour and from the causes stated
	OR e	DIREC oched Dept. If Hem		226. SIGNATURE	1 1	DEGREE	NG , MEDICAL STAFF	22c. DATE SIGNED
	TAL O	A det		170	XXVV		MEDICAL STAFF	12/1/8)
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	O HOS	should be deto with the State [IMPORTANT: If		VUA	U A. 18t	UKAN 1740	W. BALIM	VICE YI BALLO
			23a. E	URIAL, CREMATION, REMOVAL SPECIFY) Burial	12/3/87	23c NAME OF CEMETERY OR CREMATO	ORY 23d LOCATION	COUNTY STATE S
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		- 16 60M 7/B4		CNAME TO THE TOTAL TOTAL	4200 11-1 1 AADD	RESS 250	DEC 03 1987	GISTRAR'S SIGNATURE
	(V	'RA 15, 4)	MI	. C. March F/H West	4300 Wabash Ave	nue 🔢	TO O O BOI	

I.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE OF DEATH 7h HOUR (TYPE OR PRINT) BABY GIRL deoth deoth CONNELLY OCTOBER 24, 1987 8:00P M 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH DAY YEAR WHITE 10/24/87 FEMALE TO BIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED COUNTRY BALTIMORE WIDOWED DIVORCED MARYLAND 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR $\overset{\text{(TYPE OF WORK FOR MOST OF WORKING LIFE)}}{N/A}$ (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY N/A BALTIMORE THE JOHNS HOPKINS HOSPITAL USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) MARYLAND 186 COUNTY CROFTON 13d INSIDE CITY LIMITS? 130 STREET ADDRESS / ZIP CODE 1708 BRIAN COURT 21114 YES TX 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME ... ingle LAST STEPHEN CONNELLY MARTI ARMIGER ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) N/A MARTI CONNELLY AS ABOVE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and icuse PART I, DEATH WAS CAUSED BY: cordiac minute IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stoting the lost underlying couse 1 TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 200 AUTOPSY? 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOV NO [71a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART 1 OR PART 2 HOUR A.M. MONTH. DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION 0 CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) orked NOT WHILE 10/24 10/24 220.1 certify that (1) (this hospital) attended the deceased from_ 10 87 10/24 . 19 8 ... , and that in (my) (out) opprion death occurred on the date and hour and from the causes stated sow the deceased alive on 10 29 above, (1) (ce) (did) (did not) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN IMPORTANT: 27d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS ld b 600 Lamos 19/27/1987 23c NAME OF CEMETERY 23d LOCATION ... MD. 24205 STATE 24 FUNERAL DIRECTOR REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 NAME ADDRESS ulia Dander (VRA 15, 4) Links Diolder Panel

		1.	FOR DE	er med exam	6039 5-13-8 n. [STATE MENT OF HI	OF MARYL		HYGIENE	, 1	1 7	1 6 5	3
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	五次五支票 ~	3. SE	X	4 RACE	S DATE OF BIRTH	YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS			DATE	MONTH	DAY YEAR	2d. HOUR
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-	A PARTY	F	IRTHPLACE (S' DREIGN COUNTRY)		76 CITIZEN OF WH	AT COUN	NTRY?	MARRIED X	NEVER MARE	RIED	BALTIMORE CITY	OR COUNTY	Y OF DEATH	
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MO	FOR STAND	16a \	WAS DECEASED	DEVER IN U.S. AR	MED FORCES?	166 SO	CIAL SECURITY N	10. 17. INFO	TNAMS		ADDRES	SS	- Lyt	21206
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3	WIT. PIN.		18 CAUSE O	F DEATH (Enter at	nly one cause per line	far (o), (b), ond (c).)						APPROXIMAT BETWEEN ONSE	E INTERVAL
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	DEA STETE		EV. 110 15010	0		77 - 1-	M D		111	Penn S		0.07.25		
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHEKECUTE THE CERTIFICATE, WRITING THE WOSPAGE 4 SHOULD BE FORWARDED TO THE CITO FUNERAL DIRECTOR: PAGE 3 SHOULD BE PAFTER DEPARTMENT. BAFTER DEATH, WITH THE STATE DEPARTMENT. BATTER DEATH, WITH THE STATE DEPARTMENT. BATTER DEATH, WITH THE STATE DEPARTMENT.		(TYPE OR PRIN	IT)	Charles P.	KOK	es, M.D.	ADDRES		reini c	TECC.			
	524548	23a. B	URIAL, CREMA	TION, REMOVAL	236 DATE	23c. 1	NAME OF CEME	TERY OR CREMA	ATORY	23d. LOCA	TION	COUNT	TY C	TATE
07/84	BP		Burial		11-17-87	Mo	reland N	[emorial	l Park	Ва	ltimore.	Maryla	and	
25M	DHMH - 17		UNERAL DIREC		ADDRESS				250. DATE	REC'D. BY REC	GISTRAR 256, REC	SISTRAR'S SK	GNATURE	
	(VR A15 ME (5))	J	ohn C.	Miller.	Inc6415	Be 1	air Rd -	21206	NC)V 16	1987 1	Water of	on. Randa	Life

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Anna Johnson

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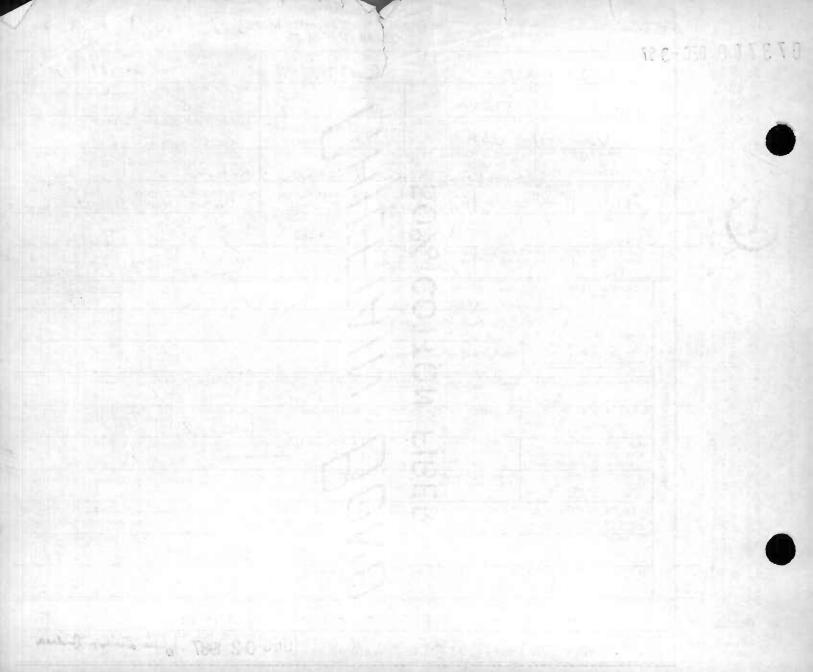
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	<u> </u>	FOR • STATE		DEPA	RTMENT OF H	E OF MARYLAND	HYGIENE 8	3 1	7 4 4
57 NOV	10	REGISTRAR				ICATE OF DEATH	REG. 1		
m =		CHASED NAME FIRST		MIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR 26. HOUR
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sctor, programmers of terms	3. 3E	Male		White Mar.				MONTH	HS DAYS HOURS MIN.
direc	70. B	RTHPLACE (STATE OF FOREIGN		WHAT COUNT	RY2 8.		- RAITIMORE CITY	OR COUNTY OF	DEATH
12	1	MD	US	SA	MARRIE		Baltimore	City	MD.
bed with	1	altimore City	(IF NOT IN SU	CH FACILITY, GIVE ST	RSING HOME C TREET ADDRESS) Al Hospi	ROTHER INSTITUTION	170 USUAL OCCUPA (TYPE OF WORK FOR MOST Enginee	OF WORKING LIFE) IN	26 KIND OF BUSINESS OR NOUSTRY Beth. Steel
dia be	48SU.	AL RESIDENCE (IF NURSING HOP			EFORE ADMISSIONI	13d. INSIDE CITY LIMIT	S? 13e.STREET ADDRESS	ZIP CODE	
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ond 2)	Albert	Samue1	Coc	ok	Helen	WIDDLE	Ear	nshaw
ond coges		VAS DECEASED EVER IN U.S	. ARMED FORCES?	166 SOCIAL S	ECURITY NO.	17 INFORMANT	ADDI		
Poor			VI	p88 09	1246	Elizabet	th K. Cook,	Sam	ne
signed by the other. 1. Then please remove ior to buriol, cremotio injury, or other trous	TION	walnu	NT CONDITIONS C		TO DEATH BUT		TERMINAL DISEASE OR COM		
hos be	CERTIFICATION	19a, DATE OF OPERATION	19b. COND	DITION FOR WH	TICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES □ NO □		G CAUSES OF DEATH? NO
buriol-tronsit Mental Hygie or Item 18 s		710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EXAM	F DEATH HOUR A	OF INJURY m. MONTH	DAY YEAR	21c. HOW INJURY OC	CURRED (ENTER NATURE OF IN)	URY IN ITEM 18 PART I	OR PART 2)
s the bury ond Me	MEDICAL	21d IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY		21f. LOCATION STREET	CITY OR T	OWN (COUNTY STATE
CTOR: Af Ifor use o . of Healtl		sow the decer	at) view the bady	1		, 17	# 7 ta 11/11	dote and have and	from the causes stated
JERAL DIRE		22b. SIGNAD	100	mil		GEGREE ATTENDIN PHYSICIA		AFF A	11/11/87
should be defined the Store		Patrick O'D		0)		22e ADDRESS Union Mer	morial Hospit	al	
≥ 5 3 3	23a E	BURIAL, CREMATION, REMO	VAL 236 DATE		23c NAME OF C	EMETERY OR CREMATO	ORY 23d. LOCATION		UNIY STATE
	130	Burial	11/1	3/87	St. M	lary's	Balto.	,	MD
H - 16 60M 7/B4 (VRA 15, 4)	24 FI	JNERAL DIRECTOR H.	W. Jenk	ins &core	Sons C	250	NOV 1 3 1987	R 256. BEGISTRAP	S SIGNATURAL COLORS

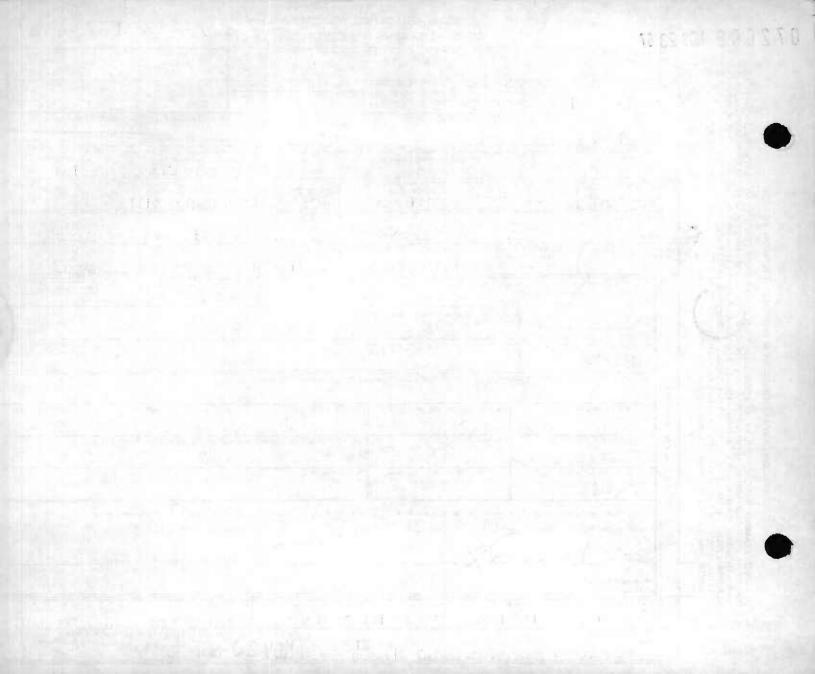
70700	1	FOR - STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	1745
/ 3 / b 6 OE		PERASED NAME FIRST PREOR PRINT) RICHARD	MIODIE	Lev-1 Sr	20. DATE OF DEATH MONTH	28 87 26 HOUR
ige 4 may be rector, page urs after deat	3.	sex Male	1. RACE Black	5. DATE OF BIRTH MONTH DAY YEAR 4 3 19	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
draffi. To horn 72 horn	and a	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	7b. CITIZEN OF WHAT COUN	M'ARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore city or col	c City MD
our offin n by the fu e filed with	01	CITY OR TOWN OF DEATH Baltimore WAL RESIDENCE (IF MURSING HOME	DE NOT IN SUCH FACILITY, GIVE S	reducal Center	120 USUAL OCCUPATION (TYPE) OF WORK FOR MOST OF WORK	
24 ho	130	STATE 13b. CO	UNTY 135 CITY OR	MORE YES NO 15 MOTHER'S MAIDEN NA	130.STREET ADDRESS / ZIP C	LICE Heights Terms
P P P P P P P P P P P P P P P P P P P	7	John WAS DECEASED EVER IN U.S.	ARMED FORCES? 16b. SOCIAL	D. FYST	MIODLE	Tyler
te be exicion on licion on	4	(YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES) 229-8	03.7677 Shelia	Y. Johnson	2415 Francis APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
physe and be beent,			anly ane couse per line far (a), (b) SED BY: ATE CAUSE (a) MR ATE CAUSE	rane prosinte la	ircmoma	BETWEEN ONSET AND DEATH
not the death ce by the attending sse remove carb I, cremotion, ar a		Conditions, if ony, which gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS			
equires that a signed by Then please to buriol, ar			(c)TCONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TERM	inal disease or condition	I GIVEN IN PART Na
The law requicion. te has been si sist permit. The giene prior to	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WI	HICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. I	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \(\) NO \(\)
PHYSICIAN: The ending physicion this certificate le burial-tronsit de Mentol Hygie d'or frem 18 sha	4 4	OD CONTRIBUTION TO CAUSE OF	DEATH HOUR A.M. MONTH	DAY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEA	N 18 PART I OR PART 2)
DING PHYS or offendir After this e as the bu	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTEND bital o TOR: A for use of Heo		sow the deceased alive above, ((1) (we) (did) (did	pital attended the deceased from 1/27/87 natiview the bady after death	19, ond that in (my) (aur) apinian		
by the hosp ERAL DIREC e detached State Dept.		226 PHYSICIAN'S NAME (TYP	9 Thins	DEGREE ATTENDING PHYSICIAN 122e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	226. DATE SIGNED
TO HOSPITAL retoined by the TO FUNERAL should be deto with the State MMPORTANT: Ill MMPORTANT: I	22	LINDA	PHRICZ	611 S. Charl	is Street Bril	homere MD 2123
BP		(SPECIFY) Burial	12/2/87	23. NAME OF CEMETERY OR CREMATORY Arbutus Memorial Par		COUNTY
DHMH - 16 60M 7/B (VRA 15, 4)	24	Wm. March F/	'H West 4300 🛱 🖁	Bash Avenue	O 2 1987	GISTRAN'S SIGNATURE

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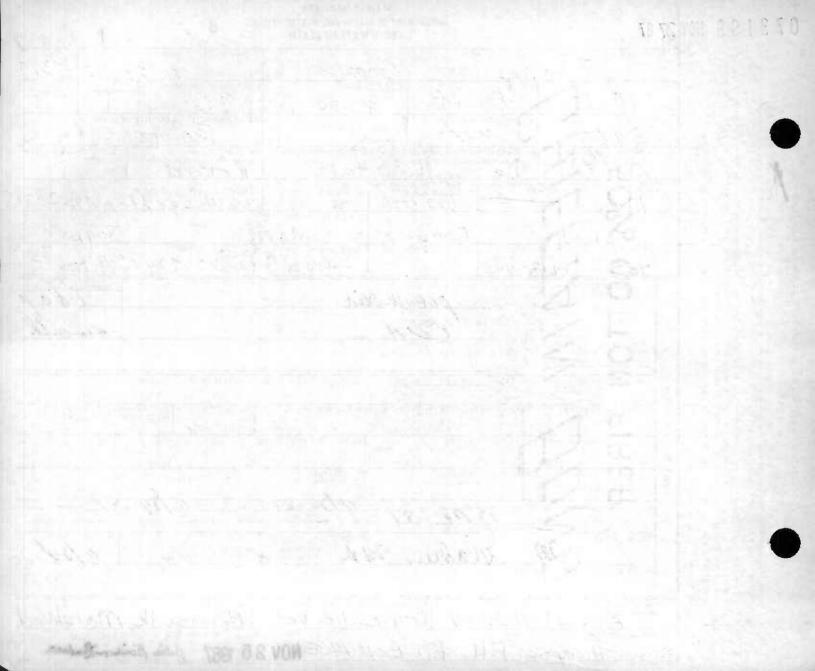


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2	N S P S	F	emale	White	July 2			RS. MONT	HS DAYS	HOURS	MIN,	PRONOUN	ICED	1	1 1	719 8	7 /	:50
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	SERVE		OREIGN COUNTRY)				TIK!;		IED NE							DEATH		
	IS NECESSARY, PLEASE E FUNERAL DIRECTOR. E F F F COUR FILES. ED THIN 72 HOURS		Maryla		USA			WIDOW		DIVORCE			imore					MD
	Y IS THE P	10 C	ITY OR TOWN	OF DEATH	11. NAME OF H	OSPITAL, NUI	RSING HOM	E, OR OTH	ER INSTITUT	TION	12a. USU	JAL OCCUP	PATION (TY	PE OF WO	RK 12b	KIND OF OR INDU	BUSIN	ESS
	DELAY IS 1 TO THE FI N PAGE BE FILED		Baltim	ore		ry Hosp						orary		· L	Of	fice	SIKI	
n v	F ANY DELA AND 3 TO RETAIN PA HOULD BE I	₩SU		(IF IN NURSING HOME O				ION)			TCM	orary	CTCT	V	TOT	Tice	1	
	ANY AND AND AND HOULE	13a S	STATE	13b. COUNT		13c CITY	OR TOWN		13d. INSIDE CI	TY LIMITS?		EET ADDRE		0	XI	人人	1	
	Z A A S T S		Marylan			Bal	timore	2	YES X	NO []	270	Oakl	ee Vi	11a	ge "	400		
	MO. 17. 2, M. 3, M	14. F	ATHER'S NAM	E	MIDDLE		LAST			R'S MAIDE	NNAME		IDDLE			LAST		
			John		K.		horney	,	100	A.			abeth	771	E.	uchs		
	0 005	160.		D EVER IN U.S. ARA			IAL SECURIT		17. INFORM			11112	ADDRES		- 1	uciis		
	E E SE	0	YES, NO, OR UNKNO		VAR OR DATES)	010	46 40	70	1									
	W. PRESTON ST., BALTIMORE WITHIN 24 HOURS AFTER BEA ENCYTH ITEM 18. GIVE PAGES MITER ALGINS WITH FORM THAN PERMIT PAGES I.A. OR PAGOVAL		No		-		-46-49	70	A. El	ızabe	th I	'horne	y, 10	4 3	rd A	venu	<u>e</u>	
	59368		18 CAUSE C	OF DEATH (Enter on)	y ane cause per l	line for (a), (b)	, and (c).)						77/0-		В	APPROXIM		
	Y # # 2 2 3 3	1	PARITU	EATH WAS CAUSED	E CAUSE (a)	Cardio	omyopath	у										
	2 MES (8)		799	Bruriebiat		OR AS A CON	SEQUENCE	OF										
	10000000000000000000000000000000000000			ns, if any, which	1													
	E DE LEE			ise to immediate	(b)													
120	985 80		lying car) stating the <u>under-</u> use last.	DUE TO,	OR AS A CON	SEQUENCE	OF										
	UTED IN EXA DOWE				(c)													
	S SPENS		PART 2 OTHER S	IGNIFICANT CONDITIONS	ONTRIBUTING TO DE	ATH BUT NOT RELA	TEO TO THE TERM	IINAL DISEAS	OR CONDITION	GIVEN IN PAR	T 1 (g).							
	DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXECUTED TO THE WORD "PENDING-TRIBE TO THE CHIEF MEDICAL ES SHOULD BE USED AS A BURST SHOULD BE USED AS A BURST OF HEALTH AND UP PRIOR TO BURIAL, CREMATING	Z		OBESITY														
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	S SEOSES	3	UNDERLYING	NG CAUSE OF D		P.M.	19	`										
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	TO MEDICAL EXAMINER: TEXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL UNRECTOR, PAFIER DEATH, WITH THE STILL AFTER DEATH AND STILL	23o.B	URIAL, CREMA	TION, REMOVAL 23	b DATE	23c. N	AME OF CE			RY	123d. LC	CATION						
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10	V	Saf	by H	To .		Dalto	Deaton	2 Spital	THE WORK TOR MOST	WORKING LIFE)	INDUSTRI	
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BALTIMORE, MARYLAND 2120	-		Po O.S			4ES 194	2-1945	sarah (Treen	120 N.	1111	TONST
IAL.		16	pers	event, the		18 CAUSE OF DEATH (Enter o	nly one cause per line for (a), (b), on	d (c).)			BETWEEN	ONSET AND DEATH
	6	월)	phy	ven v		PART I. DEATH WAS CAUSI	ED BY: TE CAUSE (a) DAP	1 Moder			-	1000
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST		orio	signed hen pf		z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN	IN PART TO	0
Ö		Je.	rmit. T	on vin	CERTIFICATION	190, DATE OF OPERATION	IN CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, W	/EDE EINID IN	NCCLICED
2		3	hos 5	20 2	5	190. DATE OF OPERATION	148. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200. AUTOF51:	IN CERTIFYIN	IG CAUSES	OF DEATH?
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ō		PHYSICIAN: ending physi	S D		MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	211 LOCATION	CITY OF TO	WN	COUNTY	STATE
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0		Z ō	0 0	5 6			nital) attended the deceased from_	(1/20 1987		11/ 19	82	that (the last
		TEN Tal		21 is		saw the deceased alive or	17/14/19	, and that in (my) (our) opinion	death accurred on the d	ate and hour or		
		hospi	ed f	- E		22b. SIGNATURE	view the body ofter death.	DEGREE			22c. DATE	SIGNED
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HXGIENE - STATE MEDICAL EXAMINER'S REGISTRAR REG. NO DECEASED NAME KNOWN X O DATE 76 HOUR OF ESTI-La Tonya Corbett 19/19 87 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. SEX IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED FEMALE BL ACK 20 69 PM 19/19 87 TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) MARRIED NEVER MARRIED USA Baltimore City, WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS FOR MOST OF WORKING LIFET OR INDUSTRY 800 Blk. N. Monroe St. Baltimore NA NA USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS BALTIMORE 1047 BRANTLEY AVENUE 21217 NO [4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE JOHNN Y ALSTON JANICE CORBETT 17 INFORMANT MAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO ADDRESS (YES, NO. OR UNKNOWN) NO JANICE CORBETT 1047 BRANTLEY 217-86-5699 AVENUE 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Stab Wound of Chest IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF CATE, WRITING THE WORD "PENDING" IN PENCILIN FORWARDED TO THE CHIEF MEDICAL EXAMINE A OR PROCESS SHOULD BE USED AS A BURIAL. THAN STATE DEPARTMENT OF HEATTH AND MENTAL WIND. 21201 PRIOR TO BURIAL, CREWATION TO BE READ. Canditians, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES & NO [218 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR XX. MONTH DAY YEAR UNDERLYING A OR 19/19 87 subject stabbed CONTRIBUTING CAUSE OF DEATH 21f LOCATION 900 Blk. N. Monroe St., Balto. City, Md. WHILE AT WORK alley at PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE I BALTIMORE, MARYLAND, 21201 Inspection and in my opinion Undetermined monner TITLE (SPECIFY) Assistant MEDICAL EXAMINER 11/20/87 DATE SIGNED EXAMINER'S NAME Dennis F. Smyth. 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE 11/25/87 CEDAR CEMETERY ANNE ARUNDEL 07/84 25M REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH - 17** MARCH F/H, INC. 1101 E. NORTH AVENUE (VR A15 ME (5)



072617 NOV 21

STATE OF MARYLAND

LAST

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

4

2n DATE OF DEATH 26 HOUR November 15, 1:00p 1987 & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 83 9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE HOOK SEWIPFEE KING LIFE) INDUSTRY N/A

PENNSYLVANIA

Corbott 4 RACE 3 SEX MONTH BLACK FEMALE TO. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUPERY USA WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Daisu

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Maryland General Hospital Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATEMD 13b. COUNTY

MIDDLE

13d INSIDE CITY LIMITS? 13c, CITY OR TOWN BALTIMORE

LAST

16b SOCIAL SECURITY NO.

WHITHURST

YESXEX 15 MOTHER'S MAIDEN NAME

YEAR 04

DIVORCED T

MIDDLE DAISY ADDRESS

607

13e.STREET ADDRESS / ZIP CODE

MANER

16a WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)

214-20-6498 DAISY WADE 1300 E. LANVALE 21213

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic). PART I. DEATH WAS CAUSED BY Cardiopulmonary Arreset IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Aspiration Pneumonia 2 days Conditions, if any, which gove rise to immediate DUE TO, OR AS A CONSEQUENCE OF

17 INFORMANT

couse (o), stoting the underlying couse

71d INJURY OCCURRED

230 BURIAL CREMATION, REMOVAL

STATE

14. FATHER'S NAME

LAMB

(TYPE OR PRINT)

REGISTRAR 1. DECEASED NAME

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to

(AT HOME STREET, FACTORY, OFFICE FARM, ETC (

Organic Brain Syndrome, Cerebrovascular Accident, Hypothroidism, Dehydration 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 70h. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 200 AUTOPSY?

DEGREE

210 ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M

220.1 certify that (1) (this hospital) attended the deceased from

sow the deceased alive on NOVEMBER 15 above, (IXwe) (did) (did for view the body after death.

2UGHATB

21e PLACE OF INJURY

November 15,10

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

111 LOCATION CITY OR TOWN COUNTY

November November 14, and that in (** (our) apinion death occurred on the date and hour and from the causes stated

DIRECTOR PHYSICIAN

K ON

226. SIGNATURE	
22d PHYSICIAN'S NAME (TYPE OR PRINT)	3

NOT WHILE

77e ADDRESS

ATTENDING

PHYSICIAN

Maryland General Hospital

MEDICAL

23¢ NAME OF CEMETERY OR CREMATORY

CALVARY CEM

236 LOCATION CITY OR TOWN ANNE

ARIINDE

27: DATE GIGNED

IN CERTIFYING CAUSES OF DEATH?

BURIAL 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84

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(VRA 15, 4)

"C". MARCH F/H 1101 E. ADONORTH AVENUE

23b. DATE

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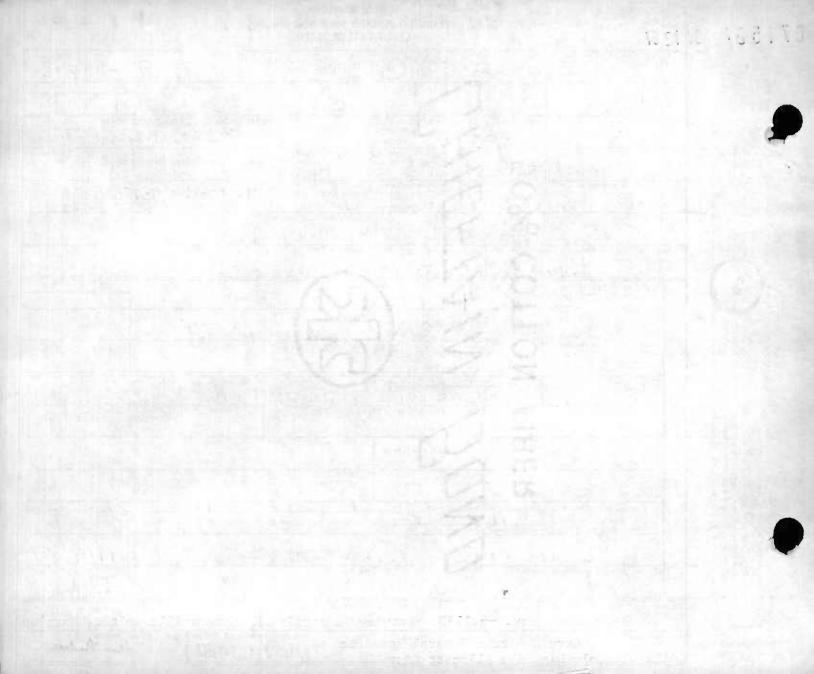
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물학 분 8	4		AT WORK	Sur II he City		10	
00 4	E		22a.l certify that (1) (this hospital)	ottended the deceased from_	0/2 19	8+, to 119	, 19 , that (1) (we) last
F 2 0 5 5			saw the deceased alive on	119 19 5	ond that in (my) (aur) a	pinian death occurred on the date a	nd have and from the causes stated
To He	E		abave, (I) (we) (did) (did not) vie 22b. SIGNATURE ()	the bady after death.	DEGREE	-	22c. DATE SIGNED
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(VRA 15,	4)	4	112 Old Columbia	Pike Ellicott (City	MA TO 1901	



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eath. Po	96		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNT	WIDOWE		VORCED [1020111110100	FDEATH	MD.
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	noval.		PART I. DEATH WAS CAUS	inly one cause per line for (a), (b ED BY: ATE CAUSE (a)	y gnd (c)	tra 1k	2 1	HFAROTION	APPROXIMATE IN BETWEEN ONSET AN	ITERVAL IND DEATH
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8b 5 %	3 4		BURIAL, CREMATION, REMOVA	10/29/87	234 NAME OF C	CEMETERY OR O		Back Mon E, M	2001X1230	STATE
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

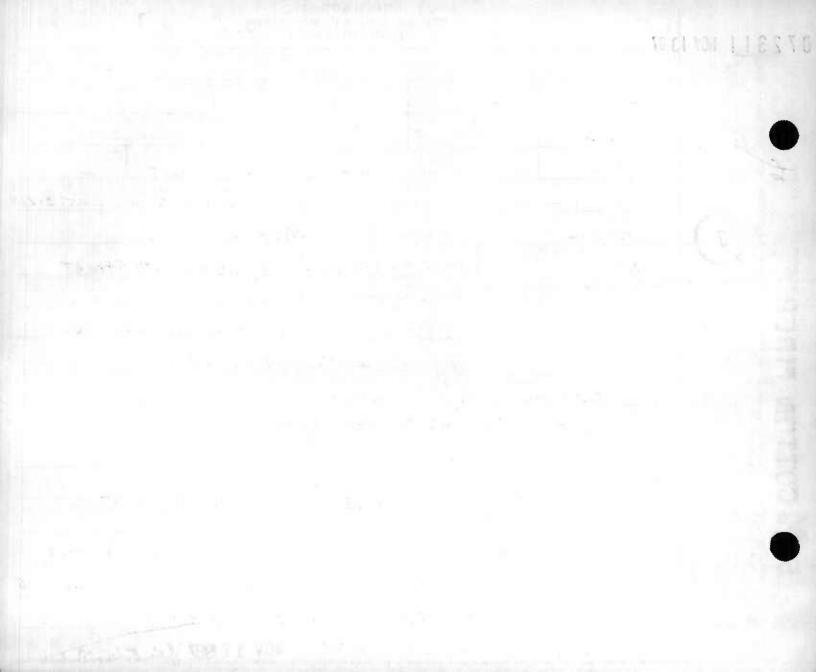
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CAUSE OF DEATH	Enter only ar	e cause per line far (a), (b), and (c).				BETWEEN	XIMATE INTERVAL
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	REMOVAL 2	Bb. DATE	23c. NAME OF	CEMETERY OR CREMATO				
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	Fem HPLACE (STATE OR FOUNTRY) d. OR TOWN OF DEA' altimore RESIDENCE (IF NURSI) d. HER'S NAME FIRST OUIS S DECEASED EVER II NO OR UNKNOWN) O 8 CAUSE OF DEATH PART I. DEATH W. Conditions, if ony, gave rise to imm couse (a), stofing underlying cause PART 2 OTHER SIGN OR DATE OF OPERAT OR ACCIDENT WAS UND OR CONTRIBUTING CAUSE OR DATE OF OPERAT OR ACCIDENT WAS UND OR CONTRIBUTING CAUSE OR CONTRIBUTION CAUSE OR CONTRIBUTING CAUSE OR CONTRIBUTIN	FEMALE HPLACE (STATE OR FOREIGN OR TOWN OF DEATH ALTIMOTE RESIDENCE (# NURSING HOME OR OTHER THEST DENCE (# NURSING HOME OR OTHER THEST DENCE (# NURSING HOME OR OTHER FIRST MAME FIRST MAME FIRST MIDDLE OUIS S DECEASED EVER IN U.S. ARMED NOOR UNKNOWN) OR CAUSE OF DEATH (Enter only or PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE OF DEATH (FOR COUSE (a), Stoffing the Underlying cause last. OART 2 OTHER SIGNIFICANT CONICATED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) Id INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER) 14 (IF LITHER NOTIFY MEDICAL EXAMINER) 20.1 CERTIFY THAT IM (This hospital) SOW the deceased olive on above, (1) (we) (did) (did oot) vie 24. PHYSICIAN'S NAME INVECTOR RIAL, CREMATION, REMOVAL 25. SIGNATURE RIAL, CREMATION, REMOVAL 26. RIAL, CREMATION, REMOVAL 27. RIAL, CREMATION, REMOVAL 28. RIAL, CREMATION, REMOVAL 29. RIAL, CREMATION, REMOVAL 21. RIAL, CREMATION, REMOVAL 22. RIAL, CREMATION, REMOVAL 23. RIAL, CREMATION, REMOVAL 24. RIAL, CREMATION, REMOVAL 25. RIAL, CREMATION, REMOVAL 26. RIAL, CREMATION, REMOVAL 27. RIAL, CREMATION, REMOVAL 28. RIAL, CREMATION, REMOVAL 29. RIAL, CREMATION, REMOVAL 21. RIAL, CREMATION, REMOVAL 22. RIAL, CREMATION,	FEMALE FEMALE FEMALE CAUC. HPLACE (STATEOR FOREIGN 16 CITIZEN OF WHAT COUNTRY) OR TOWN OF DEATH 11. NAME OF HOSPITA (IF NOT IN SUCH FACILITY. Church 136. COUNTY 136. COUNT	Female Female Cauc. HPLACE (STATE OR FOREIGN TO CHIZEN OF WHAT COUNTRY? MONTO OR TOWN OF DEATH TO CHURCH TO THE MINISTRY) A. OR TOWN OF DEATH TO CHURCH TO THE MINISTRY OF TOWN OF DEATH TO CHURCH TO TOWN TOWN OF DEATH TO CHURCH TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN	Pennale Cauc. S. DATE OF BIRTH MONTH DAY YEAR OS 24 13	Female Cauc. S. Date of BIRTH A AGE (INTERASLAS AGE) A CAGE	Female RACE S.DAIE OF BIRTH MARKED NEVER	Female Cauc. S. Date of Birth S. AGE (INHADSLASS METHODAY) S. CHIZEN OF WHAT COUNTRY) MARRIED DAY 174.8 DAY 17

Burial
24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 (VRA 15, 4) Dabrowski & Son 2818 F Baltimore

ADDRESS

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE NOV 2 4 1987

				STATE OF MARYLAND			27 0
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of poi	3 SE		1 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 YE	YEAR IF UNDER 24 HRS
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		VAS DECEASED EVER IN U.S. AI		AL SECURITY NO. 17 INFORMANT	ADDRES	5	14-
o d E		(IF YES, GI	231 -	38-4667 Will's Cre	15 by 1024 E. 2	20th Str	eet
pers.		18 CAUSE OF DEATH (Enter o	nly one couse per line for (o)	, (b), and (c)	7		PROXIMATE INTERVAL
physici propoper emovol. event, th		PART I. DEATH WAS CAUSI	ED DV	DIORESPIRATORY	ARREST	0	MINUTES
0) 0 -		WWWEDIA	DUE TO, OR AS A COM	NSEQUENCE OF			
attendin nove carb lation, ar- troumatic		Conditions, if any, which		ESTINAL INFARCTI	ON (SMALL AND L	DRGE) IN	ordes
other tro		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A COM				lours Coars
pler uria y, ar		PART 2 OTHER SIGNIFICANT	107	NG TO DEATH BUT NOT RELATED TO THE			T I to
Ther to b	S S	MYDCARD	IAL INFARCT.	- CVA .			
Drio ony	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION WAS PERFORMED		20b. IF YES, WERE FIN	NDINGS USED
A Series	Ě	11-12-87	ABDOMIN	AL PAIN - (ABDOMINALANG	INA) YES NOW	IN CERTIFYING CAU YES	NO D
Mentol Hygi	8	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	TH DAY YEAR 21c. HOW INJURY OC	CURRED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART	[2]
ntol m	¥	OR CONTRIBUTING CAUSE OF DE	AIR	TH DAY YEAR	Application of		
A A	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TOW	n county	Y STATE
ond ond ked	Z	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY.	OFFICE, FARM, ETC STREET	CITORIOW		31016
olth one marked		22a.l certify that (I) (this hasp	ortal) attended the deceased	from 11-11 10 8	7 10 11-13	19.87	, that (I) (we) lost
F.He		saw the deceased alive a	1/11-12	19 8 7 and that in (my) (aur) apr	nian death accurred on the date	e and hour and fram	
hed fo ept. of tem 21		abave, (1) (we) (did) (did n 22b. SIGNATU	ot wiew the body after death	DEGREE		122. 0	ATE SIGNED
		14- 000	mi Yara	MA ATTENDIN	IG _ MEDICAL _ STAFF	/	-13-47
old be deto		276 PHYSICIAN'S NAME (TYPE	A STATE OF THE STA	PHYSICIA 22e ADDRESS	N DIRECTOR PHYSICIA	W I I	/
					BERTY HATS.	- BALTIM	ORE 21216
5 4 3 3	23a. 1	BURIAL, CREMATION, REMOVAL		236 NAME OF CEMETERY OR CREMATO	ORY 23d LOCATION	COUNTY	STATE
		BURIAL	11/18/87	CEDAR HILL CEMETER	RY ANNÉ ARUN	DEL CO.,	MD
14 4011 7 7		JNERAL DIRECTOR			DATE REC'D. BY REGISTRAR 2		NATURE
- 16 60M 7/84 RA 15, 4)	WM	. C. MARCH F/H.	, INC. 1101 "	E. NORTH AVENUE	NOV 17 1987	Lat Make	\$.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH 07.1214 NOV REG. NO 20 DATE OF DEATH TYPE OR PRINT r deoth ross 87 harles 3 SEX 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 1884 Caucasian TE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE MARRIED NEVER MARRIED Iowa U.S.A Baltimore City WIDOWED 10. CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY medical Minister of the Gospel RYLAND 21201 21207 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 7602 Clays Lane Maryland 409 Woodlawn Baltimore NO X Apt. 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Fred W. Cross Evelvn Porter 17 INFORMANT Mrs. Dorothy CPESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. -2180 7602 Clays Lane Apt. 409 Balto. MD. No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: Cardio-Pulmonary IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF preumonis Conditions, if ony, which gave rise to immediate couse (a), stating the DUE TO. OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY IN CERTIFYING CAUSES OF DEATH? NO 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 71d INJURY OCCURRED 21e PLACE OF INJURY ō CITY OF TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 22a.) certify that (1) this hospital) attended the deceased from and that in (my (our) apinion death occurred on the date and hour and from the causes stated above, (1) (ve) did (did nat) view the body after death 276. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING PHYSICIAN | DIRECTOR PHYSICIAN MPORTANT. 224 PHYSICIAN'S HAME (TYPE OF PRINT) 22e ADDRESS should b medical center hiokpensimo 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE 11/10/87 Woodlawn Cemetery Woodlawn Baltimore 24 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc. 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 6 1987 lia Davidson NOV 8728 Liberty Road Randallstown, MD. 4 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20 DATE OF DEATH MONTH 2h HOUR I DECEASED NAME TYPE OR PRINT CULOTTA NOV. 26.1987 2:04A CHARLES S. S. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS 3. SEX 4. RACE MARCH 5 1920 WHITE 67 MALE BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ASTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED | NEVER MARRIED COUNTRY U.S.A. BALTIMORE CITY MD. WIDOWED DIVORCED [11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12g USUAL OCCUPATION 12b. KIND OF BUSINESS OR ID. CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY BARBER SHOP JOHNS HOPKINS HOSPITAL BARBER BALTIMORE ISUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 4808 BOWLAND AVE. 13g STATE 21206 MD. NOF 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE FIRST ROSE DIFATTA CULOTTA JOHN ADDRESS 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 9009 KILBRIDE (IF YES, GIVE WAR OR DATES) THERESA CZERWINSKI 216-05-9190 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: ESPIRATORY ARREST minute IMMEDIATE CAUSE (o) DIVISION OF VITAL RECORDS 201 W. PRESTON ST DUE TO, OR AS A CONSEQUENCE OF 1 WEEK PNEUMONIA Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF YEARS NASOPHARYNOEAL CARCINOMA underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20a AUTOPSY? 20h JE YES, WERE FINDINGS USED 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 211. LOCATION 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) HOT WHILE Nov 22a. | certify that ((this hospital) attended the deceased from_ Nov 26 and that in (my) (par) aprinion death occurred on the date and hour and from the causes stated 22b. SIGNATUR DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN the St 22e. ADDRESS 23d LOCATION 23c NAME OF CEMETERY OR CREMATORY 23g BURIAL CREMATION, REMOVAL 23b. DATE MD STATE BALTIMORE (SPECIFY HOLY REDEEMER 11/30/87 BURIAL 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Belair Rd. SHOPMUNEK FUNERAL DHMH - 16 50M 1/81 a Dividion Pandall MD. 21237 (VRA 15, 4) HOME, INC.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 073680 DEC +2-8 MEDICAL EXAMINER'S CERTIFICAT REG. NO DECEASED NAME 20. DATE KNOWN XX MONTH DAY 76 HOUR (TYPE OR PRINT) OF ESTI-Frank Robert Culotta 11 - 2819 87 4. RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY PRONOUNCED Male White 4 19 23 11-28 19 87 64 P.N 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED XX United States Maryland WIDOWED DIVORCED Baltimore City, 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126, KIND OF BUSINESS CITY OR TOWN OF DEATH Student-University of MD. Baltimore 1600 blk. S. Caton Avenue 13H COUNTY 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Ellicott City 2826 Greenway Drive 21043 Maryland Howard NO X M. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Gearhart Frank Culotta Salvatore Jean 17. INFORMANTMrs. Jean ZitoDRESS 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 21043 216-56-9714 2826 Greenway Drive Ellicott City, MD. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ART I DEATH WAS CAUSED BY Multiple Injuries IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190 DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY HOUR XXXX MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) X OR UNDERLYING 11-28 19 87 driver in auto/pick-up truck impact CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. ZIE LOCATION STREET, EACTORY, FARM, ETC.) WHILE AT WORK AT WORK 1600 blk. S. Caton Ave., Baltimore, Md. street 220. I certify that I taak charge of the remains described above, held an ____Autoosy Inspection Accident XX Hamicide death resulted fram: Natural causes Suicide Undetermined manner TITLE (SPECIFY) Assistant MEDICAL EXAMINER 11-29-87 EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 234 OCATION 230 BURIAL, CREMATION, REMOVAL 236. DATE Marriottsville Howard MDATE 12/03/87 Crestlawn Cemetery Buria1 07/B4 24 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc. 250. DATE REC'D. BY REGISTRAR **DHMH - 17** 8728 Liberty Road Randallstown, MD. (VR A15 ME (5))

050 01 kg/ g_

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG NO DECEASED NAME 20. DATE KNOWN 26 HOUR LIVE OF PRINTS OF ESTI FUNERAL DIRECTOR.

5-FOR YOUR FILES.

C, WITHIN 72 HOURS

W, RRESTON STREET, DEATH MATED Rhonda Curry 11-6 4 RACE DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 2d HOUR 2c DATE YEAR LAST BIRTHDAY PRONOUNCED 6:25 28 1987 DEAD Cauc. 10 Female 11-6 1987 BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Md DIVORCED Baltimore Ci B CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Baltimore Francis Scott Key Medical Center SUAL RESIDENCE (IF IN NURSING NOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

OF STATE

134. COUNTY

136. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 135 N. Patterson Pk. Ave.21224 Md Baltimore 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST ANDDLE Unknown Addie Curry 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? IT INFORMANT 166 SOCIAL SECURITY NO YES, NO. OR UNKNOWN (IF YES, GIVE WAR OR DATES) N/A Addie Curry 135 N. Patterson Pk. Ave. No CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (g) Sudden Infant Death Syndrome USE AS A BURIAL TRANSIT PER OF HEALTH AND MENTAL HYGIEN RIAL, CREMATION, OR REMOVAL DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION ICAE, WRITING THE WORD "PEN E FORWARDED TO THE CHIEF MI TOR: PAGE 3 SHOULD BE USED A 1 THE STATE DEPARTMENT OF HEA LAND, 21201 PRIOR TO BURIAL, CI 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YESXX NO F 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE A SHOULD BE FORWARN TO FUNERAL DIRECTOR: PAGI AFTER DEATH, WITH THE STATE BELTIMORE, MARYLAND, 2120 Autopsy XX 22a I certify that A Toak charge of the remains described above, held an Inspection Inquiry and in my apinian Notural couses XX deoth resulted from; Vicide Homicide Undetermined monner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 11-6-87 SIGNATURE EXAMINER'S NAME Dennis F. Smyth. 111 Penn St., Balto., Md. 21201 M.D. (TYPE OR PRINT) 23g BURIAL CREMATION REMOVAL 23b DATE 23t. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial 11/9/87 Baltimore Oak Lawn Cemeterv Md. 07/84 25M 24 FUNERAL DIRECTOR 256 REGISTRAD'S SIGNATURE **DHMH - 17** (VR A1S ME (5)) Dabrowski & Son 2818 E. Baltimore St.

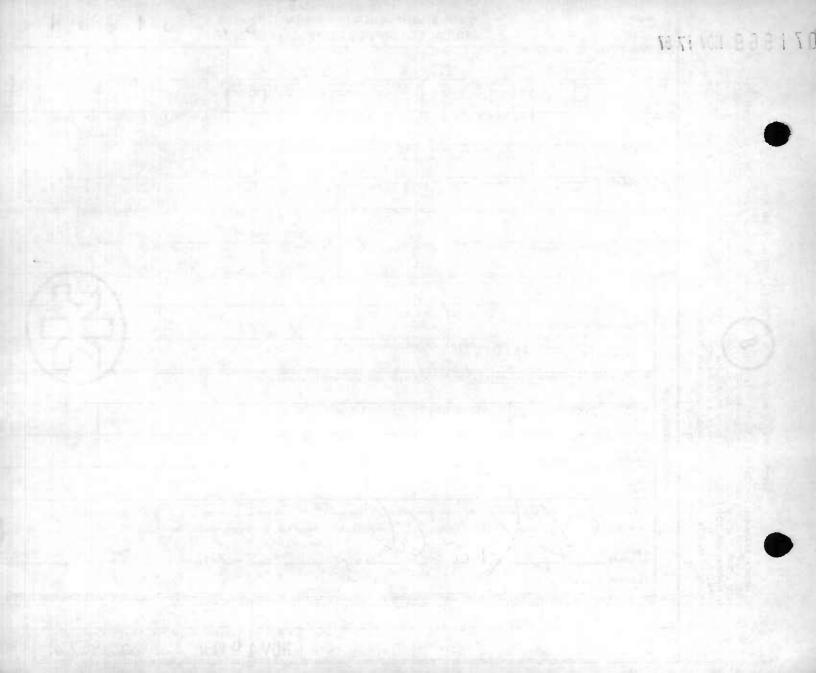
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 87 REGISTRAR CEASED NAME 20. DATE KNOWN TO MONTH 7h HOUR (TYPE OR PRINT) ESTI-DEATH MATED **JAMES** DAILEY . JR ETAIN PAGE 5 FOR YOUR FILES.

OULD BEFALED, WITHIN 72 HOURS.

CORDS, 20, W. PRESTON STREET, 4. RACE AGE (IN YEARS 2d HOUR 8;35 PRONOUNCED male white 24 1944 43 DEAD 19 87 YRS Th CITIZEN OF WHAT COUNTRY? Ja. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Y FOREIGN COUNTRY) Baltimore City WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH rear of 340 W. 24th St. Unemployed Baltimore 13e. STREET ADDRESS 13m STATE 1136. COUNTY 13d. INSIDE CITY HAUTS? Baltimore 2723 Atkinson Street 21211 YESK 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE N/A James Dailey, Sr 166 SOCIAL SECURITY NO 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS (YES, NO, OR UNKNOWN) 219-42-6846 Theresa Walden 2723 Atkinson Street 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) RETWEEN ONSET AND DEATH Exposure IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which Possible seizure disorder gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF Contusion of left temporal lobe (remote) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to DIVISION OF VITAL RECORDS EXECUTE THE CERTIFICATE, WRITING THE WORD "THOUR PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICATE SHOULD BE USED A SHOULD BE USED AS SHOULD BE USED. CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO [210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING P.M. 11-11-Exposure to cold. 10 87 CONTRIBUTING CAUSE OF DEATH THE PLACE OF INJURY INTHOME 211. LOCATION COUNTY WHILE AT WORK street 340 W. 24th St., Balto. MD death resulted Iron Undetermined manner TITLE (SPECIFY) DATE SIGNED 11-11-87 LAMO. Chief SIGNATURE MEDICAL EXAMINER Smialek, M.D. 111 Penn St., Balto., MD 21201 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Burial 11/17/87 Mt Zion Cemetery Landsdown 07/84 25M 24. FUNERAL DIRECTOR **DHMH - 17** West 4300 Wabash Avenue Wm. C. March F/H lia Dividson- Pandall (VR A1S ME (5))

STATE OF MARYLAND



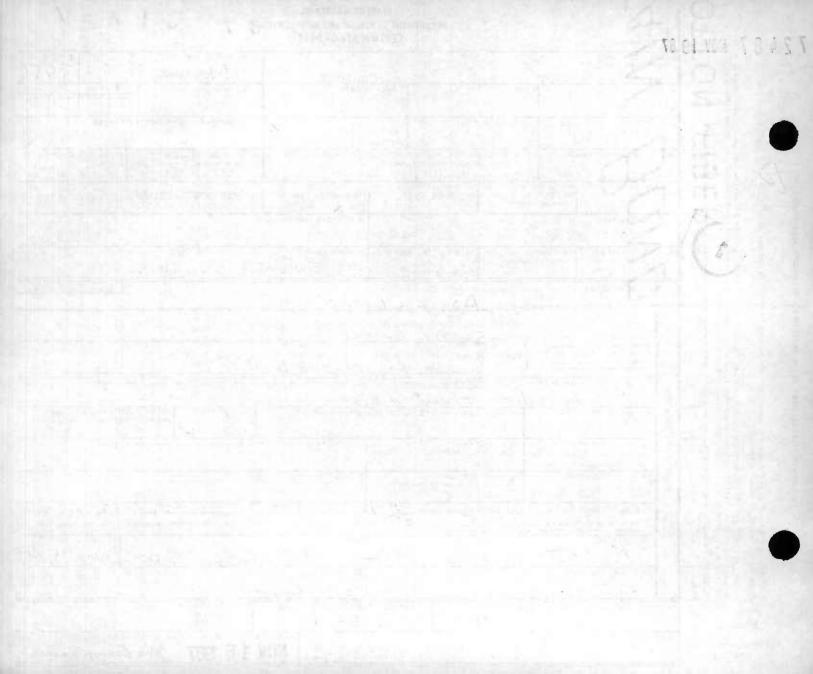
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		1-	STATE REGISTRAR			DICAL EXAMI			OP DEATH	REG. N	10.	0 0	
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	ASE. URS. URS.	50			arles	John			Jr. DE.	ATH MATED [☐ 11·	-2- 19 87	М
	RECTENDED IN THE STR	3 SE		. RACE	5. DATE OF BIRTH	YEAR LAST BIRTH				OUNCED	MONTH	DAY YEAR	12:50
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	EESSARY, PEASE-P SALDIRECTOR. OR YOUR FILES. O HIN 72 HOURS PRESTON STREET, OO	M	aryland	7		J.S.A.	WIDOW	ED X NEVER MAR	RIED	Baltimor	_		
	NEW YORK		ITY OR TOWN C	F DEATH	11. NAME OF HOS	PITAL, NURSING HOA	NE, OR OTH			CCUPATION (TY			USINESS
	355m	Acres de la constitución de la c	Baltimo		Univer	sity Hospit	al		Stati	on Agen	t	Airlin	ont es
21201	A PER	13q S	AL RESIDENCE (I TATE aryland	FIN NURSING HOME OF	TY,	13d. INSUE (ITY LIMITS? 13e. STREET ADDRESS 13e. STREET ADDRESS 121 West Meadow F						oad 212	25
WD.	T. S. C. C.	HA. F.	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAII		MIDDLE		LAST	
PRESTON ST., BALTIMORE, ITHIN 24 HOURS AFTER DEAT	DEATH CONTRACTOR	13	Charl		John	D'Alfon		Joan		Albe		Wenge	rt
	V 24 HOURS AFTER IN THE BOOK BOOK BOOK BOOK WITH FOR IT PERMIT. PACES YGIENE, DIVISION OVAL.	1	VAS DECEASED ES. NO. OR UNKNOW	EVER IN U.S. ARM	VAR OR DATES)	193-42-65		Julia L	. D'Alfo	nzo		as 13e	
		5	18. CAUSE OF	DEATH (Enter only	y ane cause per line	far (a), (b), and (c).)						APPROXIMA BETWEEN ONS	TE INTERVAL ET AND DEATH
		-	- 171111007	IMMEDIAT	E CAUSE (a)	Gunshot WOL		right ch	est				
			Canditians	, if any, which	DUE TO, OR	AS A CONSEQUENCE	OF						
	MINE NITA	Z		ta immediate	(b)	AS A CONSEQUENCE	OF						
201	UTED WITHIN IN PENCIL IN EXAMINER EXAMINER PLAIS TRANS ID MENTAL HOON, OR REM		lying cause	e last.	(c)								
DIVISION OF VITAL RECORDS, 201 W.	BE EXEC ENDING: MEDICAL AS A BUR ALTH AN		PART 2 OTHER SIGN	HIFICANT CONDITIONS C		BUT NOT RELATED TO THE TEI	MINAL DISEASI	OR CONDITION GIVEN IN	PART 1 (a)				
2	A L CR	CERTIFICATION	19a. DATE OF C	PERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?						20 AUTOPSY	1?	
Y	002042	TER	1.00									YES 😾	NO []
OF.	A SE		210 EXTERNAL		21b. TIME OF	INJURY	21c. HC	OW INJURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITEM 18	8 PART 1 OR PAR	- 63	
O	ARTO HOUSE	MEDICAL		OR G CAUSE OF D	EATH 6:45PM	4 10-29-87	Sub	ject shot					
VIS	THIS CER WARDED WAS E 3 S PAGE 3 S TATE DEP	MED	21d. INJURY OF	NOT WHILE		TORY, FARM, ETC.)	S	CATION TREET		OR TOWN	cou		STATE
	E S S S E S	3-	AT WORK	AT WORK	parkin	ng lot	230	0 block W	. Pataps				City
	TO MEDICAL EXAMINER: IT EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFEE DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2			/ / /	11 -	cribed soave, held an	Autap		ian . Inq	ury L. Ma	ray land	inian	
-	AAMI RTIFI D BE RECT		death resulted	fram: tartur	Strauses J.	Akoident, S	uicide	, Hamicide	Undetermine	d manner			
	ICAL EXAM SHOULD B SHOULD B ERAL DIREC EATH, WITH		ACTUAL SIGNATURE_	(What	1. d	m		D Assistan	t	W	DATE	11-3-	87
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	TO ME PAGE TO FUI		EXAMINER'S N (TYPE OR PRIN	T)	Charles I	. Kokes M.	D	ADDRESS_111	Penn Str	eet Bal	timore	∍.MD212	01
	DAZZDAZ	23a.B	SPECIEV)	ON, REMOVAL 23		23c. NAME OF CI	METERY O	R CREMATORY	23d. LOCATIO	N			Md
07/8- 25M	4 BP	2A E	Urem	ation	11/4/87	westvie	w riem	orial Parl		isville			Md
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3858 DEC-	3 10	FOR STATE REGISTRAR	DEI	PARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 7	3 1 7 6	5 6
		CEASED NAME FIRST	MIDDLE	9 11	AST AU	2a. DATE OF DEATH	MONTH DAY YEAR	26. HOUR
nay be page 3		FIUN	C	D	ANIEL	11 -	29-87	6:45%
4 mo	3. SE	8 A	4. RACE	5. DATE O	F BIRTH DAY YEAR	6. AGE JIN YEARS LAST BIR	THDAY) IF UNDER 1 YE	
oge v		ale	Slack	70)-24-07	19	YRS.	
death. P	-	RTHPLACE ISTATE OR FOREIGN COUNTRY) BITO., Md.	76. CITIZEN OF WHAT COUL USA	MARRIED WIDOWE		Baltimor Baltimor	or county of death e City	ME
the free with		altimore	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE Bon Secou	E STREET ADDRESS)		17th USUAL OCCUPAT		D OF BUSINESS OR RY
24 hours	13a :	AL RESIDENCE IN NURSING HOME OF STATE 136. COUNTY BAT	OTHER INSTITUTION, GIVE RESIDENCE NTY 18c. CITY O	E BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS	217	127
1	_	THER'S NAME			15. MOTHER'S MAIDEN NA	ME	astery Aven	ine ,
		75 ' 7	C. Hunt	Sr.	Agustus	WIDDLE	Domles	LAST
1 1 5		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIA	L SECURITY NO.	17 INFORMANT	ADDRI	Parke	T.
	1	YES, NOOR UNKNOWN) (IF YES, GIV	TE WAR OR DATES	09-0972	Dorothy Hunt	150 N	Monastery	Avonue
98-4		18. CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	ly one cause per line for (a),	(b), and (c),1	^ \	2	APPR 8ETWE	OXIMATE INTERVAL EN ONSET AND DEATH
phy npph mov			D BY:	Munt	1 mia 2			
ding of the		IMMEDIA	DUE TO, OR AS A CON	decorrence de	, 9			
the company of the co		Conditions, if any, which	(b)	750	10			
1 0 m 4 m 4 m 4 m 4 m 4 m 4 m 4 m 4 m 4 m		gave rise to immediate cause (a), stating the	DUE TO OR AS A FON	seouthics of	0	0 1	Marie Bally	
by d		underlying cause last	100000000000000000000000000000000000000	100	age Per	w tree	ase	
p ble		PART 2. OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTIN	IG TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART	1(0)
The The injury	CERTIFICATION							
prior any	3	190. DATE OF OPERATION	19b. CONDITION FOR V	WHICH OPERATION	WAS PERFORMED	78e. AUTOPSY?	20b. IF YES, WERE FIN	
te has nsit per giene pshaws	7 E					YES NO	YES 🗌	NO 🗌
S SOT W	W	210. ACCIDENT WAS UNDERLYING		H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART	2)
ding ph is certifi burial-t Mental or Item	3	OR CONTRIBUTING CAUSE OF DEA	NIN .	19				
2 × 5 5	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, I	011/01 1.00 110	211 LOCATION	City Dil 10	rwtsi COUNTY	STATE
After the se as the alth and marked a	2	AT WORK NOT WHILE	AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.	0/00 00		lan Con	
		22a.1 certify that (1) (this hospi	tal) attended, the deceased	from	19.87	to	19 8	_, that (I) (we) last
5 O F F		sow the deceased alive on	1129	19 8 / 00	d that in (my) (our) opinion	death accurred on the B	ate and hour and fram t	the causes stated
he haspi DIRECTO tached fo Dept af		22b. SIGN ATURE	t) view the body after death	. (DECREE		22c. DA	ATE SIGNED /
4 7 7 7 4		XXXX	Dilla	1/	ATTENDING PHYSICIAN	MEDICAL STA	FF 1	112918
Stort ANT	+	22d PHYSICIAN'S NAME (TYPE C	OR PRINT)		22e ADDRESS	DIRECTOR PHYSIC	IAN L	121/01
TO FUNERAL (should be deto with the State (IMPORTANT: If		12/16	FITRA	()	1900 W.	RAITIM	nre ci	BALTA
ohe ohe	730	BURIAL, CREMATION, REMOVAL	23b. DATE	I 23c NAME OF C	EMETERY OR CREMATORY	123d LOCATION		7 177,3
3P		(SPECIFY) Burial	12-03-87			CITY OR TOWN	COUNTY	STATE
	24 F	JNERAL DIRECTOR	12-03-07	IFIL. AUD	urn Cemetery	E REC'D. BY REGISTRAR	e, Maryland	TARLING.
MH - 16 50M 1/B1 (VRA 15, 4)		own/Thompson Fu	neral Home P	P.O. Box	4433 NF	0.02 1987	ulia Dividion	Rudals

DEC 0 2 1987 (... John 19 19)

2487 NOV 19		FOR - STATE REGISTRAR		DEPAR	RTMENT OF H	OF MARYLA EALTH AND A ICATE OF D	MENTAL HYG	REG. NO	3 1	7 6	7.
	I. DE	CEASED NAME FIRST	17-45	MIDDLE	l l	AST		20 DATE OF DEATH	MONTH DAY	YEAR 2b	HOUR
ge 4 may be ector, page 3 rs ofter death	1	Ozone	2		D	aniels		Novem	uber 15,	1987 3	145 M
er of of	3. SE	X	4. RACE		5. DATE C	FBIRTH		6. AGE (IN YEARS LAST BIR	THDAY] IF U		INDER 24 HRS
ge 4		MALE	BLAC	K	5 5	10	*537	50	YRS.	THS DAYS HO	URS MIN.
Podir Pour	7a. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTR	Y? 8	D NEVER M	APPIED X	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
Juner of Train 7		NC	US	A	WIDOWE		ORCED	Baltimore	CITY		MD
fied with	10 C	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURS	SING HOME C	R OTHER INST	ITUTION	126 USUAL OCCUPATI	ON	12b. KIND OF BU	
13 to 44		altimore City	Union	Memori	al Host	ital		FULL-TIM	E .	ARROW C	AB CO
dbe dbe	USU 13a.	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	ROTHER INSTITUTION	GIVE RESIDENCE BEF	ORE ADMISSION)	13d. INSIDE CI	COTIANITO	12. STREET ADDRESS	7ID CODE		1
fille outlo		MD	The state of the s	BALTIM	10RE		NO [2633 ROBB	STREET	21218	
4	14. F.	ATHER'S NAME	WIDDIE	LAST		15. MOTHER'S		WE			
9 6 6	D	GEORGE	T.	STRAT	TER SR	ANN	ÏE	L.		DANTEL	S
55 5	36a	WAS DECEASED EVER IN U.S. AI	RMED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMAL		ADDRE		0.00	
Pe e		YES NO OR UNKNOWN) (IF YES, GI	TE WAN ON DATES	244-52-	4300	MAXINE	GRISS	ETT 1500 LO	CHWOOD	ROAD	
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse pe	r line for (a), (b),	and (c).)					APPROXIMATE BETWEEN ONSET	INTERVAL AND DEATH
certificate ng physici bonpopel r removol.			ED BY: .TE CAUSE (o)	Asyst	olic C	ardive	cirves				
h ce or r			DUE TO . C	R AS A CONSEC	DUENCE OF	,		Mary and Mr.	844		
deoth ottendi ove coi riton, o		Conditions, if ony, which	(b)_	centic	Sho	ck					
hat the death or by the attendin ase remove corb I, cremation, or i		gove rise to immediate couse (a), stating the	DUE TO O	R AS A CONSEG	UENCE OF						
thot d by leose iol, cr or oth		underlying couse lost		oneum		infant	ed bor	rel			77
equires signe Then p to bur njury,	NO	PART 2 OTHER SIGNIFICANT A Coholis	CONDITIONS C	ontributing to	1 11		TO THE TERM	INAL DISEASE OR CONI	OITION GIVEN	N PART 110	
he low re on. hos beer i permit. ene prior	CERTIFICATION	19a DATE OF OPERATION	19b. COND	ITION FOR WHIC	CH OPERATION	N WAS PERFOR	RMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	ERE FINDINGS G CAUSES OF D	USED DEATH?
3 PHYSICIAN; The Introduing physicion. 17 this certificate hos the buriol-transit per and Mental Hygiene and Anental Hygiene and or Item 18 shows	CER	210. ACCIDENT WAS UNDERLYING	21b. TIME C		D. 111 VE.10	21c. HOW INJ	URY OCCUR	ED (ENTER NATURE OF INJUR	_		
ICIAN: g physic ertificat iol-tron ntol Hy	AL	OR CONTRIBUTING CAUSE OF DE		M. MONTH	DAY YEAR						
DING PHYSIC or ottending After this cer se as the burio oith ond Marked or liter	MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY		211. LOCATIO	N	CITY OR TO		COUNTY	STATE
OING Phores of the After the sosthe oith and morked of	E	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OFFIC	E, FARM, ETC]	SIREEI		CITY ON TO	V14	COUNTY	STATE
		22a.l certify that (I) (this hosp	ital) attended th	e deceased from	11-1	2	19.87		5 . 19_	87 that	(I) (we) lost
TTEN portol TOR for u		sow the deceased alive or above, (1) (we) (did) (did no	11-1	19	87, on	d that in (my) (our) opinion	deoth accurred on the do	te and hour an		
OR ATTEN te hospitol DIRECTOR: oched for us Dept. of He f Hem 21 is		22b. SIGNATURE	it) view the body	affer death.	[DEGREE				22c. DATE SIGN	VED
TALOR Ay the hose the hose the hose detoched out Dept.		Robert	10	ria	M.D.		TENDING HYSICIAN	MEDICAL STAF		Nov. 1	15.1987
HOSPITAL ned by the FUNERAL old be detailed to the Stote ORTANT:		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		100	22e ADDRESS		J DIRECTOR THISIC		7007.7	011107
		Dehows II-3	MD			TI 4	. M	4-1 77	7		
0 g 0 d x x x	23g	Robert Hsio, BURIAL, CREMATION, REMOVAL		73	NAME OF C	METERY OR C		ial Hospita	1		
BP		BURIAL	11/21			CEMETER		OXFORD	cc	YTAUC	N'C'E
	24 F	JNERAL DIRECTOR	1 11/21	, ,	STIEL I	OLITE I LIV		REC'D. BY REGISTRAR	25b. REGISTRAR	'S SIGNATURE	110
DHMH - 16 60M 7/84 (VRA 15, 4)	W	M. C. MARCH F/H	I. INC.	1101 E	NORTH	AVENUE	NO'		Julia D		ndaes



(VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL

(SPECIFY)

FOR

- STATE

REGISTRAR

REG. NO.

YEAR 26 HOUR

87 24

IF UNDER 1 YEAR

BALTIMORE CITY OR COUNTY OF DEATH

BALTIMORE CITY

12b. KIND OF BUSINESS OR INDUSTRY

UNEMPLOYED

WRIGHT

901

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES F NO I

COUNTY STATE

and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated

LANSDOWNE

22c. DATE SIGNED

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION

STATE MD

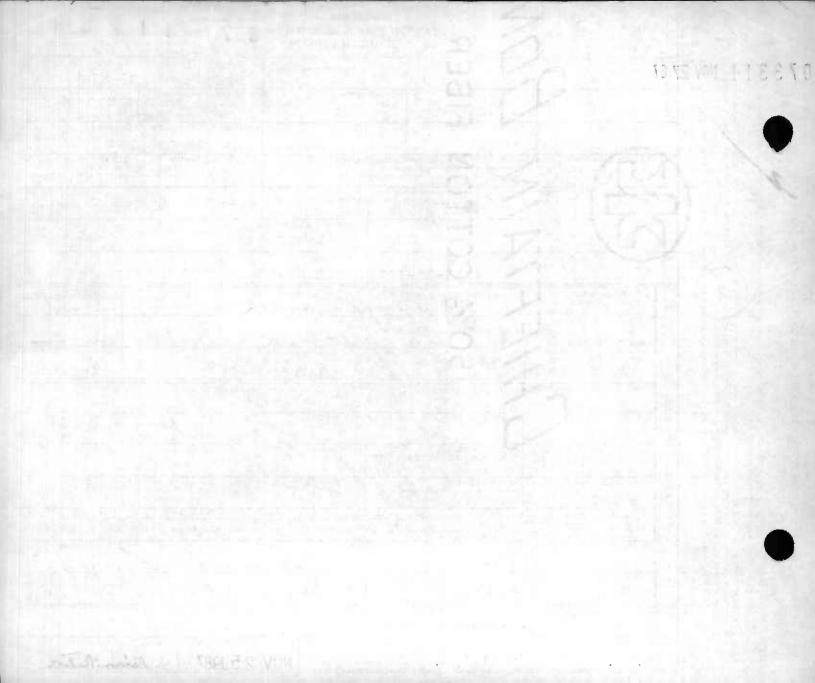
11/27/87 BURIAL MOUNT 24 FUNERAL DIRECTOR

236 DATE

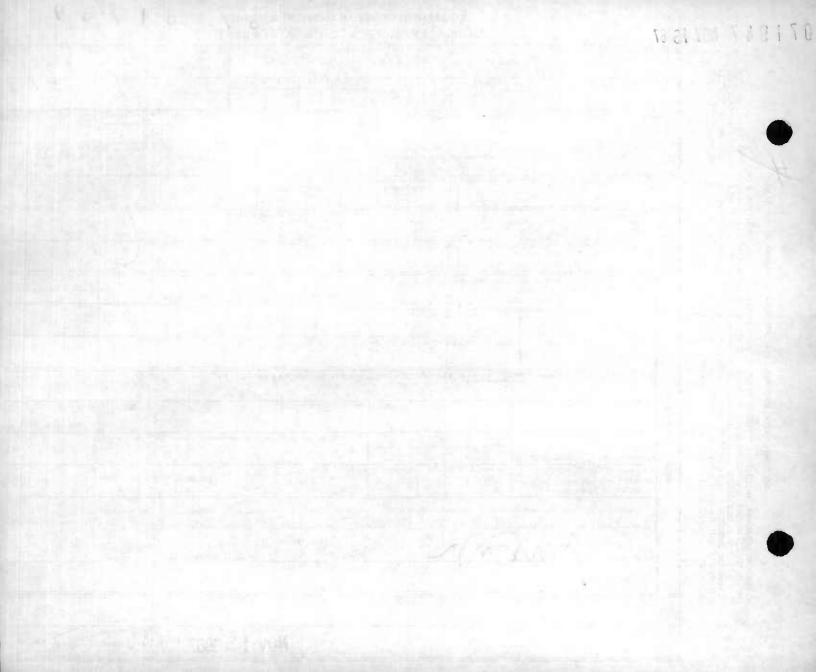
DHMH - 16 60M 7/84

MARCH F/H 1101 E. NORTH AVENUE

ZION CEMETERY



			FOR			A I C		MAKTLAND	INCOLENTÉ.	~7	1 7	6 9	
1719	1 7 31011 1	12	STATE			EPARTMENT OF			U	. 0	1 /	0 .	
119	4 / NUV I		STATE EGISTRAR		WEL	DICAL EXAMIN	IER'S C	ERTIFICATE	OF DEATH	REG.	NO.		
		1. DE	CEASED NAME	FIRST		WIDDLE		LAST	2 a	DATE KNOWN	XX MONTH	DAY YEAR	26 HOUR
	Bass St	(11)	C OK PRINT)	Joan			Date	nnort		Ot Eath	<u> </u>	-10 19 87	,
	E SE	3. SEX	(14 RA		5. DATE OF BIRTH	6 AGE IN YE		enport. IDER 1 YR. IF UNDER			момін	DAY YEAR	
	STATE				MONTH DAY	YEAR LAST SIRTHD				DATE			7:15
	N 20 DI			lack	6 30		RS.			DEAD	11-		1 a. M
	RAIR		RTHPLACE (STATE OF		78. CITIZEN OF WH	AT COUNTRY?	8 MARRI	ED NEVER MARE	RIED B	ALTIMORE CITY	OR COUNT	Y OF DEATH	
			Md		USA		WIDOW			Baltimor	e City	7 -	MD
	PELA NIS NECESSARY PLEASE TO THEFUNERAL DIRECTOR. N PAGE BE FILED	10. CI	TY OR TOWN OF DE	ATH	11. NAME OF HOSE	PITAL, NURSING HOM				OCCUPATION (- de	126. KIND OF BI	
14	ESES /	D	al+imaxa			HITY, GIVE STREET ADDRESS)	To Do		FOR MOST	OF WORKING LIFE!		OR INDUST	rry
7	F ANY DELA AND 3 TO RETAIN PA SHOULD BE LEGGROSS		altimore	washing higher o		Reisterstow E RESIDENCE BEFORE ADMISSI		3 <u>a</u>					
21201	ANY DE AND 3 TA RETAIN HOULD B	13a. S		13b. COUN		136. CITY OR TOWN	ION	13d. INSIDE CITY LIMITS?	13e. STREET	ADDRESS			
212	A A HOW		Md			Baltimore		YES X NO	3630	Reiste	erstow	n Road :	21215
Q.	THE CHANGE	14. F/	THER'S NAME					15. MOTHER'S MAID					
(A)	E 125 1	0	FIRST		WIDOLE	Coott Co				MIDDLE		Codored	
ŏ.	25 2 2 2		Bernard VAS DECEASED EVE	DINITIS ADA	MED FORCESS	Scott, Sr	V NO	Arbell 17. INFORMANT		ADDRE	cc	Godard	
N. T.	PARTER	(Y	ES. NO, OR UNKNOWN		WAR OR DATES			III OKMAN					
BALTIMORE, MD.	URS AFT 8. GIVE WITH F II. PAGE		No			212-52-368	86	Arbell S	Scott	3124 Ba	aker St	treet	
	UDES AFTER 18. GIVE PA WITH FOR IT. PAGES 1		18 CAUSE OF DEA	TH (Enter and	ly one couse per line	for (a), (b), and (c).)	100					APPROXIMAT BETWEEN ONSE	
S	SE S		PART I DEATH	WAS CAUSED	D BY:	unshot Wour	nd of	Head	(Pifle)	1 - 1		SCIVILLY ONSE	I AND DEATH
0	N 24 HO N ITEM I ALONG IT PERM YGIENE	- 3	1000	DAMACOINI		AS A CONSEQUENCE			1	-			
RES	EMERICA		Conditions, if	any, which									
٥.	R R R R R		gave rise to cause (a) statir		(b)							-	
<u> </u>	UTED WITHIN PENCIL EXAMINER EXAMINER ITAL - TRANS OF READON, OR RE		lying couse las		DUE TO, OR	AS A CONSEQUENCE	OF						
, 20	N X X X X X X X X X X X X X X X X X X X				(c)								
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	F. THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOI E. WRITING THE WORD "PENDING" IN PENCIL IN ITEM I RWARDED TO THE CHIEF MEDICAL EXAMINER ALONG FAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMI STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, 7, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		PART 2 OTHER SIGNIFICA	NT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	AINAL OISEASI	OB CONDITION GIVEN IN PA	ART 1 (a)				
Ö	D BE EXE ENDING MEDICAL AS A BL CREMATH AN	N											
SE	PEND BE ED AS A HEALT	CERTIFICATION	190 DATE OF OPER	ATION	19b. CONDIT	ION FOR WHICH OPER	RATIONW	AS PERFORMED?				20 AUTOPSY	17
3	SHOULD ORD "PE CHIEF N E USED A T OF HEA	E S											
5	20 H = 3 -	E	21a EXTERNAL CAL	ICE WAR	21b. TIME OF	IN LIN LINY	Ta: 114					YES 🔀	NO [
Ö	ANEN THE WEN		UNDERLYING	OP WAS		MONTH DAY YEAR	R ZIC. MC	OW INJURY OCCURR	ED LENTER NATUR	RE OF INJURY IN ITEM	18 PART 1 OR PAR	₹₹2}	
O	F F C C F S	3	CONTRIBUTING	CAUSE OF	DEATH P.M.	11-10 1987	sul	oject was	shot by	police			
SS	RETING REDED REDED GE 3 SP TE DEP/	MEDICAL	21d. INJURY OCCU		21e PLACE C	FINJURY (AT HOME, DRY, FARM, ETC.)	211. LO	CATION					
ā	SI ARD ARD SI	E	AT WORK AT	WORK X	ho	ome	36	30 Reister	cstown	Road Ba		VIOL -	STATE
	JER: THI CATE, W FORWA OR: PAC THE STAT		AT WORK	WORK .	110	TIC				Tioudy De	11000	1101	
	L EXAMINER: 1 E CERTIFICATE, OULD BE FORV L DIRECTOR: F H, WITH THE SI , MARYLAND;		22a 1 certify tho	I took charg	e of the remains desc	ribed obave, held on	Autap	sy XX, Inspection	on 🔲 , Ir	nquiry L,	ond in my ap	inian	
	ME META		death resulted fro	m: Notur	ol couses .	Accident, Su	ncide	, Hamicide XX	Undetermi	ned monner			
	AR WEER		20.000	1.	00	_		_TITLE (SPECIFY).					
	THOME S		ACTUAL	MV	MX	~	M	Deputy Ch	nief	EXAMINER	DATE	n 11-10	0-87
	SER REAL		GISTON IN THE	1	0/1		,,,		MEDICAL	EXAMINER	SIGNE	U	201
	W C A A D A A D A A D A A D A A D A A D A A D A A D A A D A A D A		EXAMINER'S NAM	Ann	M. Dixon,	M.D.		111	Penn S	t., Balt	. Mo	d. 2120	01
	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICAT PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE BALTIMORE, MARYLAND	-	(TYPE OR PRINT)					ADDRESS					
	F W G F < 0	73a.B	URIAL CREMATION	REMOVAL 2		23c. NAME OF CE			23d. LOCA1	NON	COUN		STATE
07/84	BP		Buria		11/13/87	Eastvie	w Cen		Bal	timore			Md
25M	DHMH - 17	24 F	UNERAL DIRECTOR		ADDRESS					SISTRAR 256 RE			
	(VR A15 ME (5))	W	m. C. Marc	ch F/H	West 4300	Wabash Av	enue	NO'	V 13 1	987 gu	ha Diois	deon-Rondo	ALJO"



		1			STATE OF MARYLAN			7 7 0	
		1	FOR STATE	DEP	ARTMENT OF HEALTH AND ME		3 1	/ / 0	
			REGISTRAR		CERTIFICATE OF DEA	ATH	EG. NO.		
7 1 0 1	NOV -6	DE	CEASED NAMEFIRST	MIDDLE	LAST	20. DATE OF DEA		YEAR 2b. HOUR	-
	oy be	-(TYPE	Joseph Joseph	1	DAVENDOR	-	11 1	87 529 A	
	t moy r. pag fter de	3. SE.		4 RACE	JAVEN DOR	6. AGE (IN YEARS I		INDER I YEAR IF UNDER 24 HRS	^
	ofte ofte			0:	MONTH DAY	YEAR MI	MON	THS DAYS HOURS MIN.	
	Page direc		NALE RTHPLACE (STATE OR FOREIGN	13 ACK TO CITIZEN OF WHAT COUN	105	69 //	YRS.	DEATH	_
	F. 504		OUNTRY) . L	1	MARRIED NEVER MA	RRIED TO BALTIMORE	7	i-1.	
	deo deo	W	achington UC	U.SA		RCED 0	allimot	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN 1	2
	i e i	10. C	1-	(IF NOT IN SUCH FACILITY GIVE	RSING HOME OR OTHER INSTITUTE TREET ADDRESS)	UTION 12a USUAL OCC	MOST OF WORKING LIFE)	12h KIND OF BUSINESS OR INDUSTRY	
2.1	tile by	-	Saltiniore	Dealor	. 700	CASTERN	STAINIES	S STEEVKETING	zi
2120	Pop 2		AL RESIDENCE (IF NURSING HOME OF			LIMITS? 13. STREET ADDE	RESS Z ZIP CODE.	212250	
Q N	24 file		MD -	BAHII	nore YESX N	· □ 611 5.	Charle	5 STREET	
SYL.	othin other	14 FA	THER'S NAME	MIDDLE LAST	15. MOTHER'S M		DDLE	A	_
A A	example example	(1058.0h	«/hv/s/	VARET MA	retha	DIE .	Lomax	
A,	5		VAS DECEASED EVER IN U.S. A		SECURITY NO. 17 INFORMANT	0 10	ADDRESS		_
WO	Poges medica	- 0	ES NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	27110 Dorcti	ha Smith	813 W	INSTON AVE	-
ALTI	D 0 8	=	18 CALISE OF DEATH (Fotor o	alu ana saura nar lina far (a). (b	and (c)	-11		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	=
80	g physici onpape emovali event, the		PART I. DEATH WAS CAUS	nly one couse per line for (a), (b	four arrest			BETWEEN ONSET AND DEATH	_
TS Z	rent report recever		IMMEDIA	TE CAUSE (o)	0				-
PRESTON	e death ce antendin nave carb nation, art troumatic		C (5)	DUE TO, OR AS A CONS	QUENCE OF	O curio			
RES	the deat the atter remave c emation, er troum		Conditions, if any, which gave rise to immediate	(b) (b)	a forcemore of	C Sypon)			_
₹.	i that the id by the lease remain, crema ar other tr		couse (a), stating the underlying couse last.	DUE TO, OR AS A CONS	EOUENCE OF 1 hart	1. 140-			
201	thot id by leose ial, cr ar oth			1 (c) Chrism	o devicement	Am CVHJ			=
	signed hen plec a burial jury, ar	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO		11.1	IN PART 110	
RECORDS	v req	은	Hollics femols	insufficiency, 1	DVD, Pagets de	isinal oster	d	1 E Awhle	
EC	2 2 2 0	Š	190. DATE OF OPERATION	19 KONDITION FOR W	TICH OPERATION WAS PERFORM	AED 20a AUTOPSY	20b. IF YES, W	ERE FINDINGS USED NG CAUSES OF DEATH?	
	- 0 0	CERTIFICATION				YES NO			_
=	7 S S O T OO		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE		DAY YEAR	RY OCCURRED (ENTER NATURE	OF INJURY IN ITEM 18 PART	1 OR PART 2)	
Ö	HYSICIAP ding ph is certific burial-tr Mentol I or Item 1	N S	(IF EITHER NOTIFY MEDICAL EXAMINE	AIN	19				
0		MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	211 LOCATION	CIT	Y OR TOWN	COUNTY STATE	
DIVISION OF VITAL	S to the state of	2	AT WORK NOT WHILE AT WORK	(ATTIONE, STREET, PACTORS, OF	rice, ranm, etc.)		,		
۵			22a certify that (I) (this hosp	oital) attenged the deceased for	om 1/6/83	19 83, to 10	19.	& /_ , that (h) (we) los	51
	pital pital TOR for u of Hi		sow the deceased alive or	oth view the body after death.	19.87 , and that in (my)(or	or) opinion death occurred an	the date and hour a	nd from the couses stated	
	OR A be host bent f frem		208. SIGNATURE	of the body offer death.	DEGREE			22c. DATE SIGNED	-
			Satural	KAMAKAM	MA. ATT	ENDING MEDICAL YSICIAN DIRECTOR P	STAFF	11/15/ 1987	7
	HOSPITAL ned by th FUNERAL uld be deto the Stote ORTANT: B	1	22d PHYSICIAN'S NAME TYPE	OR PRINT)	22e ADDRESS	O I DIRECTOR OF	HISICIAIV 🖭	10001110	
	THE THE		Proping T	Charollon	11. Mil	1) of of or	and Mel	ichal	
	ro HOSP reformed I TO FUNE should be with the S	22	MAIRICALLI	JIMNY 141V	27 11445 05 05	100	0		_
	in the state of	73a l	SURIAL, CREMATION, REMOVA	23b. DATE	231 NAME OF CEMETERY OR CRE	EMATORY 23d. LOCATION		OUNTY	
	BP		BURIAL	11-6-81	Hrbutus Mem.	PK. Hra	LTUS	[//]	_
	DHMH - 16 60M 7/B4	24 F	INERAL DIRECTOR	1 -/. A ADDI	m Noull 1.		TRAR 256. REGISTRA	2'S SIGNATURE	
	(VRA 15, 4)	111	IV, () Ivlan	h F/H 1101 '	ci Kurth HVE	NOV 5 198	1) 50	ridern. Kandallo	

73 8- 101 1 101 - 6 87 COLUMN X VOLUME STORY A LAND ENG THING DAY SHEET SHEET SHEET OF THE SHEET OF TH

Duda-Ruck Funeral Home of Dundalk

7922 Wise Ave. Dundalk, MD

2b. HOUR IF UNDER 1 YEAR DAYS

4:34AM 9 **BALTIMORE CITY OR COUNTY OF DEATH** BALTIMORE CITY 176 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Ave LAST Grav Kelly Davidson 115 Center Ave APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [] (ENTER NATURE OF INJURY IN ITEM TO PART I OR PART 2) COUNTY STATE and that in (my) (aur) apinian death occurred an the date and hour and from the causes stated 22c. DATE SIGNED

First United Evangelical

21222

23d LOCATION

250-DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE

Baltimore Maryland

Nevideon Pondale

STATE OF MARYLAND

DHMH - 16 50M 1/81 (VRA 15, 4)

23a BURIAL CREMATION, REMOVAL

Buria!

(SPECIFY)

24 FUNERAL DIRECTOR

Items 18a,20,21a,b,c,d,e,f,22a G634 dw STATE OF MARYLAND	
7 2 0 0 C DEC 3 bastate 12-9-87 med exam DEPARTMENT OF HEALTH AND MENTAL HYG	, , , , , , , , , , , , , , , , , , , ,
7 3 9 0 6 DEC -3 87 STATE 12-9-87 INEC EXAMINER'S CERTIFICATE OF D	REG. NO.
1. DECEASED NAME FIRST MIDDLE LASS	20. DATE KNOWN MONTH DAY YEAR 26 HOUR OF ESTI-
HOWARD LUCAS DAVIS JR.	DEATH MATED 11-18-87
3 SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 H MONTH DAY YEAR LAST BIRTHDAY) MONTHS I DAYS FOURS MINI	
male Col, 7-8-52 35 YRS. MONTHS DAYS HOURS MIN	PRONOUNCED 11-18-87 SPM M
76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY OF DEATH
099587111 4 18 100.1	Baltimore City
T = /h = 32 // //	USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS
MIDOWED DIVORCED IN NURSING HOME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 Baltimore 2617 WOODVIEW ROSESS (Front) USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 134. INSIDE CITY LIMITS? 135. COUNTY 136. COUNTY 137. TATE 137. TATE 138. COUNTY 139. COUNTY 130. INSIDE CITY LIMITS? 130. INSIDE CITY LIMITS? 131. INSIDE CITY LIMITS? 132. TATE 133. TATE 134. INSIDE CITY LIMITS? 135. COUNTY	OR INDUSTRY
	STREET ADDRESS
	007 CArver Kd 21235
ATHER NAME MIDDLE LAST 15, MOTHER'S MAIDEN NA	AME MIDDLE
HOWARD L. DAVIS DR. LESSE	D. TEALS
166. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 166. SOCIAL SECURITY NO. (17. INFORMANT)	ADDRESS 21225 01
7 48 212-60-4641 Mistessie	9, DAVIS 2607 ANUERKA
	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I DE ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Narcotic intoxication (DUE TO, OR AS A CONSEQUENCE OF	
DUE TO, OR AS A CONSEQUENCE OF	
Canditions, if ony, which gove rise to immediate cause (a) stating the under	
cause (a) stating the under- lying cause last.	
Lying couse lost. (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (or	
W40-45	·
190 DATE OF OPERATION	
196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
TIV TO SECOND TO THE SECOND TO	YES 🔀 NO 🗌
216. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 216. HOW INJURY OCCURRED LEFT	STER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
OF OOR A SUBject used dru OF OOR A SUBJECT USED OF OOR A SUBJE	gs
21d. INJURY OCCURRED 21d. INJURY OCCURRED 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET STREET	CITY OR TOWN COUNTY STATE
WHILE NOT WHILE ON the ground front of 2617 Woodview Rd	. Baltimore, Maryland
220. I certify that I took charge of the remains described above, held an Autopsy X. Inspection	, Inquiry , and in my apinion
death resulted from: Natural causes . Accident . Suicide . Hamicide . Ur	ndetermined manner X,
TITLE (SPECIFY)	11 10 07
ACTUAL SIGNATURE We The M.D. Assistant	AEDICAL EXAMINER DATE SIGNED 11-19-87
EXAMINER'S NAME Margarita A Korell M D 111 Pe	enn Street
EXAMINER'S NAME (TYPE OR PRINT) Margarita A. Korell, M.D. ADDRESS 111 Pe	in bacca
236. NAME OF CEMEJERY OR CREMATORY 236. DATE 231. NAME OF CEMEJERY OR CREMATORY 231.	LOCATION COUNTY STATE
07/84 BP 8930 BURIA 11-24-87 HKBUTUS MEN PARK	ISAITIMERE CO SHIPE
25M 24 FUNERAL DIRECTOR ADDRESS 250. DATE REC'D	D. BY REGISTRAR 256. REGISTRAR 9 SIGNATURE
(VRAISME(S)) JOSENAL, KUSSFUNERAHOME JAZZWESTNOCHOUR UEU	0 6 1501

Tic-dui-mining

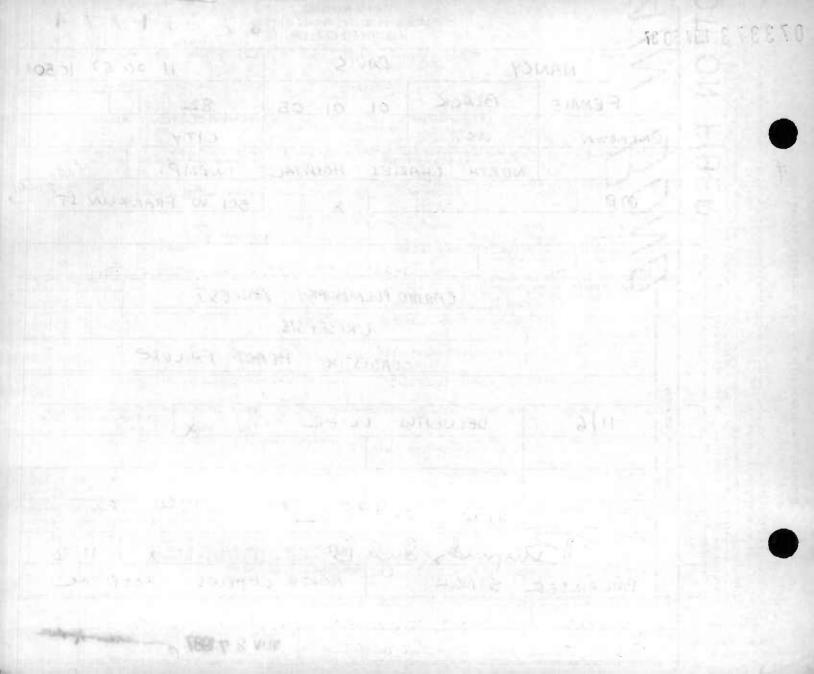
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

,	307	FOR STATE TEGISTRAR		DEPARTM		IEALTH AND MENTAL HYG	REG. N	3	11	4
		CEASED NAME FIRS		MIDDLE	0/	VIS	20. DATE OF DEATH	MONTH DAY	- 170	2b HOUR
	11.11	N	ANCY		Vr.	9715		11 20	87	10 50Am
	3. SE)		4 RACE		5. DATE (6. AGE IN YEARS LAST BIR			IF UNDER 24 HRS HOURS MIN.
-		FEMAY	5 13	LACK	01	01 05	82	YRS.		All A
1	7a. BII	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY C	R COUNTY OF	DEATH	
		NKNOWN		15.	WIDOW	DIVORCED [CIT	2		MD.
1		ITY OR TOWN OF DEATH	NORT	CHACILITY, GIVE STREET AN	DDRESS) RLES	HOSPITAL	TYPE OF WORK FOR MOST O		26. KIND OF NDUSTRY	BUSINESS OR
	USUA 130. S	AL RESIDENCE HE NURSING HO	OME OR OTHER INSTITUTION	13c. CITY OR TOWN		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE		21201
1		עוון	gradients and the first three filters for the first and the filters for the fi	BALTO.		YES NO	501 W	FRANK	.UIN	17
51	14 FA	ATHER'S NAME FIRST	MIDDLE	LAST		15. MÖTHER'S MAIDEN NA/	WE		LAST	
		MANUS RA			P.E.		NANCY RAB			
		VAS DECEASED EVER IN U.: YES, NO OR UNKNOWN) (IF Y	S. ARMED FORCES? ES, GIVE WAR OR DATES)	16b SOCIAL SECUR	ITY NO.	17 INFORMANT	ADDRI	:55		
-		NO N	MAN AV	ZE.						
		18 CAUSE OF DEATH (Ent PART I. DEATH WAS CA		BETWEEN OF	NATE INTERVAL NSET AND DEATH					
		IMMI	EDIATE CAUSE (0)	CARDI	0 10	Clotolovia)	ARRES 7			
				R AS A CONSEQUEN	NCE OF	UROSEPSIS		5.5%		
		Conditions, if ony, which gave rise to immediate	te							
		couse (o), stating the underlying cause las	DUE TO, C	R AS A CONSEQUEN	O AC	ESTIVE HE	ART FAIL	URE		
		PART 2 OTHER SIGNIFICA	N PART 1m							
	NO					TO THE TENN	MITTER DISEASE SIL COLL	J.11.071 011211 11	7171117 110	
-	CERTIFICATION	190 DATE OF OPERATION			ION FOR WHICH OPERATION WAS PERFORMED			20b. IF YES, WE		
1	TIE	11/6	1)Ecubity	2	VLCEIL	YES NO	CAUSES	NO [
	CER	210. ACCIDENT WAS UNDERLYIN	110110 4	OF INJURY M. MONTH DAY	V VEAD	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1	OR PART 2)	
1	CAL	OR CONTRIBUTING CAUSE (OF DEATH	.M.	19					
/	MEDICAL	21d. INJURY OCCURRED	LAT HOME ST	OF INJURY	PM FTC)	21f LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
	2	AT WORK NOT WHILE AT WORK						/		
		220.1 certify that (I) (this sow the deceased ali- above, (I) (wer (did) (d	ve on III	20 19 8	711	nd that in (my) (our)-opinion	deoth occurred on the d	20, 19_ ate and have one		hot (1) (we) last causes stated
		22b. SIGNATURE	3.15	ude &	1440	DEGREE ATTENDING	MEDICAL STA	FF	22c DATES	IGNED 26
_		22d. PHYSICIAN'S NAME	TYPE OR PRINT)	vot y c	7	PHYSICIAN [DIRECTOR PHYSIC	IAN		
		BHUPIND	ER S	Mett		NORTH (Horeves	1402	817A	
	23a B	BURIAL, CREMATION, REMO	OVAL 23b. DATE	23c N	AME OF C	CEMETERY OR CREMATORY	23d. LOCATION	50	UNTY	STATE
		BURIAL	11/2	24/87 MT	. A	UBURN CEM.	BALTO	. MD.		STOLE
		UNERAL DIRECTOR		ADDRES		T GITTE 250 DAT	E REC'D. BY REGISTRAR	256 REGISTRAR	SSIGNATI	andelet
	I	LEROY O. DY	ETT 4600	LIBERTY	HE	TGHTS NO	V 4 7 1301	77		

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



				STATE OF MARYLAND		and the last			
-	1.	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	18NE 7 3 1	1 1 5			
ICCL NOVI	0.60	REGISTRAR	MIDDLE		REG. NO.				
D D H WOA I	\$, \$ \$\$	EASED NAME FIRST OR PRINT)		LAST		DAY YEAR 26 HOUR			
may be page er deat		William	Ε.	Davis, Sr.	November 8, 19				
fter p	3. SEX		4. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS			
		Male	White	3 8 01	Y YRS.				
9		CTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH			
(2)	L Y	Virginia	USA	WIDOWED DIVORCED	Baltimore City	7 MD.			
27	10 CL	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	126, KIND OF BUSINESS OR INDUSTRY			
2/		Baltimore	Francis Scott		Crane Operator	Beth. Steel			
20	USU A	L RESIDENCE (IF NURSING HOME OF TATE 136, COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	ADMISSION)	13e. STREET ADDRESS				
-00			timore Dunda	LK YES TO NO X	7502 South Bend	Road 21222			
AB	14-EA	THER'S NAME			ME				
(10)	W	illiam	MIDDLE LAST Dav:	is Not Kn	17. INFORMANT ADDRESS	Cutler			
9	16g. W	AS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SECU						
2/	Ň	ES, NO OR UNKNOWN) (IF YES, GIV	169-18-2	544 William I.	Davis, Jr. 8906 P	arlo Road 21236			
4		18 CALISE OF DEATH (Enter or	dy one cours per line for (a) (b) on			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
ant,		PART I. DEATH WAS CAUSE	nly ane cause per line far (a), (b), an	VAC ADAGST		BETWEEN ONSET AND DEATH			
00 × 3		IMMEDIA	TE CAUSE (a)	1100000		13,000			
0.00		Canditions, if any, which	DUE TO, OR AS A CONSEQU	BUSIAL INPOR	crion	1 111			
19-2		gave rise to immediate							
9 de		underlying cause last.	DUE TO, OR AS A CONSEQU	ENTENS, ON		YRS			
ō	1 1	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/o							
100	Z		Note PNEUMON	775 - 1	MICAL DISEASE ON CONDITION GIVE	HALLANI IIO			
1	₹ I	190. DATE OF OPERATION	196 CONDITION FOR WHICH		, WERE FINDINGS USED				
	E		36 88 7			YING CAUSES OF DEATH?			
2 27	CERTIFICATION	210. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA				
0 E		OR CONTRIBUTING CAUSE OF DEA		AY YEAR					
N N	MEDICAL	21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	21f. LOCATION					
7	¥	WHILE NOT WHILE	LAT HOME, STREET, FACTORY, OFFICE, I		CITY OR TOWN	COUNTY STATE			
and a		AT WORK AT WORK	Tall attended the decored form	JULY 1075	3217	10 87			
*		upw the deceased alive on	al) attended the deceased from	L S	death accurred an the date and haur	and from the course stated			
E 5			t) view the bady after death.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
1		THE SIGNATURE	OX en	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED			
2-1	1 1	NOWY V	· COSUR	PHYSICIAN PHYSICIAN	DIRECTOR PHYSICIAN	1//7/0/			
1		THE PHYSICIAN'S NAME (TYPE C	-	10/2 OLD	J PT. A	BATE MY			
MPORTAN		LONN U,	0525N	1012 020	P. 171 VO	21224			
1		URIAL, CREMATION, REMOVAL	23b. DATE 23c. I	NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE			
_		Burial	11-12-87	Holly Hill	Baltimore M	Maryland			
A 1/B1	24. FU	NERAL DIRECTOR D	uda-Ruck Funeral	Homeof Dundalk DAT	TE REC'D. BY REGISTRAR 255-REGISTE	CAR'S SIGNATURE			
4)			22 Wise Ave. Dur	dalk, MD 21222 NU	V 1 2 1981 Julia D	entern Randales			

Long Salar Branch St. Market St.

ELECTRICATE TO THE PARTY OF THE

NOV 12 MEY ALL CO. IN TERES I VON

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE . REGISTRAR REG NO 20. DATE KNOWN 2b HOUR (TYPE OR PRINT) ESTI-DEATH MATED 11 - 30 - 87ZACHARY DAVIS 4. RACE 3. SEX S DATE OF BIRTH IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED male black 9 1951 36 DEAD 11-30-87 4PM M O BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! Md USA DIVORCED XX WIDOWED Baltimore City D CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b, KIND OF BUSINESS OR INDUSTRY Unemployed Baltimore Md. Penitentiary In STATE COUNTY 13e STREET ADDRESS Woodlawn 13d INSIDE CITY FIMITS? NO IX 6719 Ransome Drive 21207 PENEATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE John Gene vive Smith Davis 16e. WAS DECEASED EVER IN U.S. ARMED FORCES? 7 INFORMANT ADDRESS 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) 5017 West Hill Road 216-54-5332 John F. Davis 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Acquired Immune Deficiency Syndrome DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2B AUTOPSY? YES 🗆 NO X 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e. PLACE OF INJURY LATHOME. 21f. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE NOT WHILE Inspection X 22a I certify that I took charge of the remains described above, held on Autopsy Inquiry and in my opinion PAGE 4 SHOULE TO FUNERAL DIRECTO AFTER DEATH, WITH THE ALMANORE, MARYLAN Notural causes death resulted from Homicide L Undetermined manner TITLE (SPECIFY) DATE SIGNED 12-1-87 Assistant MEDICAL EXAMINER EXAMINER'S NAME 111 Penn Street (TYPE OR PRINT) 23d. LOCATION 23 a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Burial Md 12/5/87 Arbutus Memorial Park Arbutus 027/84 2500 DEC - 4 1987 24. FUNERAL DIRECTOR **DHMH - 17** West 4300 Wabash Avenue C. March F/H (VR A15 ME (5))

STATE OF MARYLAND

- STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 26 HOUR Dawson 5. DATE OF BIRTH 6. AGE LIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR 17, 1894 May **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED

D DVCEASED NAME (TYPE OR PRINT) Eva 3. SEX Female White O. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? COUNTRY) Maryland WIDOWED DIVORCED Baltimore City IO. CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR CTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Union Memorial Hospital Homemaker Own Home Baltimore City JOUAL RESIDENCE (IF NURSING HOMEOR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13.0 Midmeadow Rd. Baltimore Towson 21204 Maryland NO X A FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE Robert Cavey Rosa Brown 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES. NO OR UNKNOWN) HE YES, GIVE WAR OR DATEST 714-01-7316D Richard N. Kerr-813 Maiden Choice La. 21228 No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. congestive heart tailures DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION Meunama 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 21d. INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC) NOI WHILE 22a.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obave, (1) (we) (did) (did not) view the body after death 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME K. York-Smith, MD Union Memorial Hospital 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d, LOCATION

DHMH - 16 60M 7/B4 (VRA 15, 4)

d b MPORT

> (SPECIFY) Burial

Woodlawn Cemetery 24 FUNERAL DIRECTOR 1050 York Rd.

11-10-87

Woodlawn, Balto. Md. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Ruck Towson Funeral Home, Inc., Towson, Md. 21204

DHMH - 16 50M 1/81 (VRA 15, 4)

Road Frederick 21228 MacNabb Funeral Home Cattonsville, MD

23b. DATE

23¢ NAME OF CEMETERY OR CREMATORY

23a BURIAL, CREMATION, REMOVAL

Burial

LakeView Memorial Sykesville Carroll 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

CITY OR TOWN

COUNTY

22c. DATE SIGNED

STATE

2b. HOUR

12b. KIND OF BUSINESS OR

2nd Fl.

Hotel

LAST

Minutes

15 daus

IF UNDER 24 HRS.

87

IF UNDER 1 YEAR

INDUSTRY

1887 £ E YUN

71784 NOV	138	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AN CERTIFICATE O	E DEATH	3 1 7 7 9
4 may be tar, page 3 after death			eaine Day RACE S DATE OF BIRTH MONTH	2a. DATE OF DEATH 6. AGE (IN YEARS LAS	11 99 87 11:10,
death. Page uneral direc	2	COUNTRY) MD	CITIZEN OF WHAT COUNTRY? MARRIED NEVE WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER IN	DIVORCED Baltir	YRS. YOR COUNTY OF DEATH MORE CITY MD. ATION 125 WIND OF BUSINESS OR
MARYLAND 21201 ed within 24 hours ofter in mpletely filled in by the fight 2 should be filled with examiner must be enablished.	4)	Bellemore	IF NOT IN SUCH FACILITY, CIVE STREET ADDRESS HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	(TYPE OF WORK FOR MO	ist of working life INDUSTRY, A
	160.	ATHER'S NAME FIRST WAS DECEASED EVER IN U.S. ARMEI (YES, NO QR INKNOWN) (#745, GIVE W.	DE POCHE 15. MOTHER DE POCHE 70 DE FORCES? 1166. SOCIAL SECURITY NO. 17 INFOR	ER'S MAIDEN NAME FIRST MODEL MANT AD	DRESS
RDS, 201 W. PRESTON ST., BALTIMORE, squires that the death certificate be execut in signed by the attending physician and confident please remove carbampapers. Pages I to burial, cremation, or removal.	7	Canditians, if any, which gave rise ta immediate couse (a), stating the underlying cause last.		CA LIVEA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ONDITION GIVEN IN PART 110
AL RECORDS he law requence has been single transmit. The rempt of the prior to be so any injury any injury in the prior to be so any injury in the prior to be so any injury in the prior to be so any injury	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PER	REFORMED 200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN: The low requires the other this certificate has been signed be as the buriol-transit permit. Then please than Amental Hygiene prior to buriol, or dead or them 18 shows any injury, or a correct on them 18 shows any injury, or a	MEDICAL CER	2) a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	HOUR A.M. MONTH DAY YEAR P.M. 19 216. PLACE OF INJURY 211. LOCA	VINJURY OCCURRED (ENTER NATURE OF I	
TTENDI pital or TOR: A far use of Heal	WE	WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hospital) sow the deceased alive an obave, (1) (we) (did) (did not) vi	attended the deceased from OCt 21 NOV 9 19 87, and that in fa	19 87 to NOV 9	COUNTY STATE 19 87, that (I) (we) last the date and haur and fram the causes stated
iTAL OR , by the ho by the ho effect DIRE state Depth (N.Y.) If then		226. SIGNATURE 226. PHYSICIAN'S NAME (TYPE OR PR	1 000/	PHYSICIAN DIRECTOR PHY RESS Church Hosp	11/1/
TO HOSP retained TO FUNE should by with the	23a	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	236. DATE 1236. NAME OF CEMETERY C	OR CREMATORY 23d. LOCATION CITY OR TOWN	N COUNTY STATE
DHMH - 16 50M 1/81 (VRA 15, 4)		UNERAL DIRECTOR	ADDRESS.	25a. DATE REC'D, BY REGISTA	PAR 256. REGISTRAP'S SIGNATURE

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dee / . Way \ sel	-1 (-1		A 1 2 1	2.161	10.2404	
	54 1 5	4 5V	7	20.54		2
Lane City			*	3.3.8		Janiajan
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WENT LE GROWING		2000	inime.	('all	er dina etro dina ja	. 3
1953		, e	. =	5		(Sales)
Personal Lone, 3/200	elsten Se's		8823-W	THE SHE	Rieds	

and S. an

Assess . Letter & Son Suc. 91/ S. Jan Wang St. Hill at XII Went House The

STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

22c DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN DE MELAIM 21205 , loun 23e. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN COUNTY STATE Burial Gardens of Faith Balto 24 FUNERAL DIRECTOR 9705 Belair Road SCHIMUNEK FUNERAL HOME, Balto, Md. 21236

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

26 HOUR

12b. KIND OF BUSINESS OR

LAST

4- hus.

YES [

COUNTY

Restaurant

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO M

STATE

4:01

IF LINDER 24 HRS

1987

IF UNDER 1 YEAR

INDUSTRY

			- 1						STA	TE OF MARYL	AND		dian'		
7 1	10	0 11011		L-	FOR STATE			D	EPARTMENT OF			ENB 7	3	7 8	2
1	13	6 NOV	-91	87	REGISTRAR				CERT	FICATE OF D	DEATH	REG. N	0.		
		an #	A. 1		EASED NAME	FIRST		WIDDLE	32.1	LAST		20. DATE OF DEATH	MONTH DAY	YEAR 2	HOUR
	pe ,	poge 3 r death				Clare	ence	E.		Deetz	1000		1 4	87	213 PM
	E O E	di		3. SEX			4. RACE	United		OF BIRTH	HOUSE N	6. AGE (IN YEARS LAST BIR			F UNDER 24 HRS
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	2 5	O o o o o	+	23a. B	URIAL, CREMATIC	ON, REMOVAL	73h DATE		23c NAME OF	CEMETERY OR	CREMATORY	23d. LOCATION			
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4. IF ANY DELAY-IS NECESSARY, PLEASE 2, AND 3 TO THE FUNERAL DIRECTOR. 1.3. RETAIN PAGE 5. FOR YOUR FILES. 2 SHOULD BE FILED, WITHIN 72 HOUNS. I'AL RECORDS, 201 W. PRESTON STREET,	10 C	ITY OR TOWN OF DEATH	II. NAME OF HOSE							ORK 17h KIND OF BUS	MD.
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Y DIST	USU/	AL RESIDENCE (IF IN NUMBER OF COUNTY	OTHER INSTITUTION, GIV		DEFORE ADMISSION)	lva	d. INSIDE CITY LIMITS?				
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TO MEDICAL EXAMINES: EXECUTE THE CERTIFICATI PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATI BALTIMORE, FUNE AND	23e.B	URIAL, CREMATION, REMOVAL 236	DATE	23c. N	AME OF CEMET	ERY OR C	REMATORY	23d LOCATION CITY OR TOWN		COUNTY STA	75
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25M	24 F	UNERAL DIRECTOR	0. 20 170	1/1	orerand	THE INC	250. DATE	REC'D. BY REGISTRA	R 256 REGISTRAF	R'S SIGNATURE	
DHMH - 17 (VR A15 ME (5))	To	onard J. Ruck, I	ADDRESS PA T	tima-	e, Mary	J ama	NO	WAG.			
(AK WID ME (2))	The	onara o. nack, 1	nc. Dal	THOP	e, mary	Talin	111	1 8 1987		Tina 0 1	
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should be deta with the Stote IMPORTANT:

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO LAST MIDDLE 2a, DATE OF DEATH MONTH 26 HOUR 6:00 AM DEITZ 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HR MONTH 2 1914 73 White April Th CITIZEN OF WHAT COUNTRY? seperated NEVER MARRIED BALTIMORE CITY OR COUNTY OF DEATH U.S.A. DIVORCED [WIDOWED | BALTIMORE CITY 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR Union Memorial Hospital TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Baltimore 13d INSIDE CITY LIMITS? 36 STREET ADDRESS / ZIP CODE 4212 Clareway 21213 YES X 15. MOTHER'S MAIDEN NAME MIDDLE unknown Pauline Valentovic 166 SOCIAL SECURITY NO. ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 3121 Aspen Court 21227 220-20-0653 Monica McConnell (dghtr) APPROXIMATE INTERVAL 206. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) YAC YEAR 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN

IYES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) no 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse 101, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED

87 STATE REGISTRAR

1. DECEASED NAME

Female

TO BIRTHPLACE (STATE OR FOREIGN

10. CITY OR TOWN OF DEATH

FIRST

Frank

Baltimore

Md.

4 FATHER'S NAME

TYPE OR PRINT

COUNTRY

13a. STATE

3. SEX

FIRST

MARY

13b. COUNTY

MIDDLE

4 RACE

21b. TIME OF INJURY HOUR A.M. MONTH

11/10/87

AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)

Balto Md.

COUNTY STATE

22a.1 certify that (1) (this hospital) attended the deceased from, sow the deceased olive on NOV . obove, (I) (we) (did) (did not) view the body ofter deoth 226. SIGNATURE

Burial

DEGREE

MEDICAL ATTENDING PHYSICIAN | DIRECTOR PHYSICIAN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

NOT WHILE

22e. ADDRESS

Cara L. Davis, MD 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY

201 E. University Parkway, Balto., MD

23d LOCATION

0

Schimunek Funeral DHMH - 16 60M 7/84 Home, Inc. (VRA 15, 4)

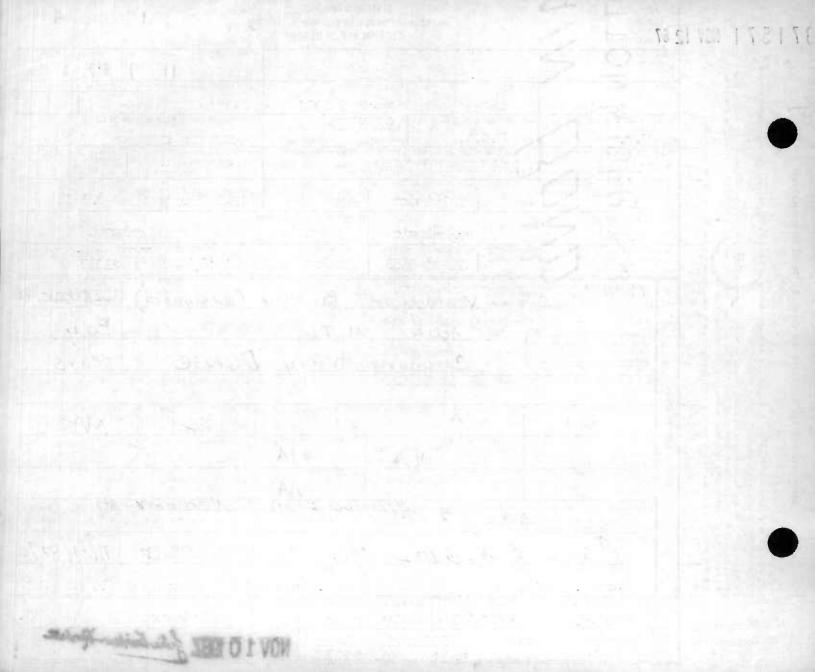
I SPECIFY)

3331Brehms Lane 21213

Holy Redeemer

Baltimore

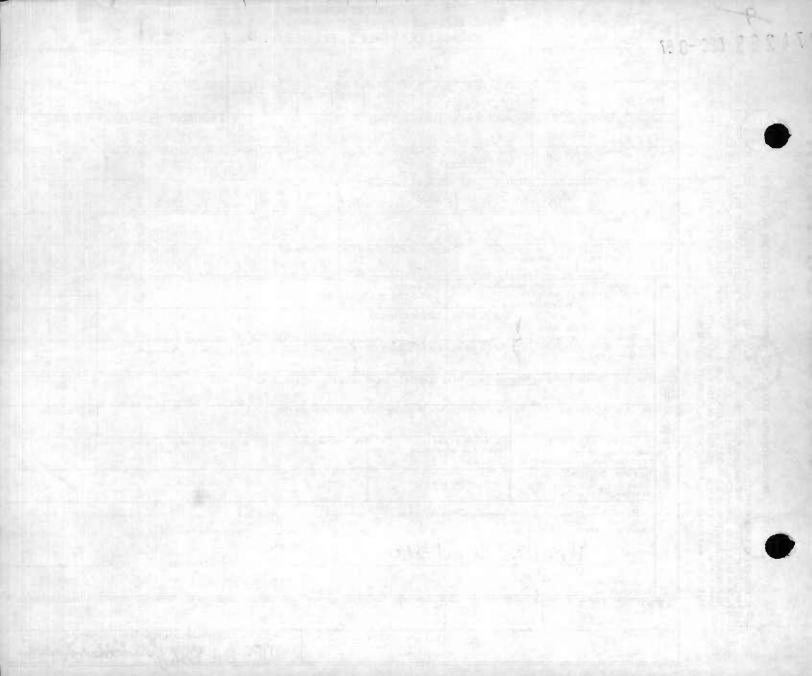
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(VRA 15, 4)

2 1 0 NOV		FOR STATE	DEPAR		MARYLAND I AND MENTAL HYG E OF DEATH	IENE T	3 1	7	3 5
2 1 0 1404		CEASED NAME FIRST	WIDDLE	LAST	The state of		MONTH DA	YEAR	2b HOUR
may be page 3	(110)	NELLTE	W.	deLau	ider		11 1	187	620 PM
Ter d	3. SE		4 RACE	5. DATE OF BIR	Н	6 AGE (IN YEARS LAST BIRT	HDAY)	FUNDER I YEAR	IF UNDER 24 HRS
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2 32 30 B		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY O	OF DEATH	
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2 22 43 66	10 €	TY OR TOWN OF DEATH	 NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE 		HER INSTITUTION	120 USUAL OCCUPATH		12b KIND C	OF BUSINESS OR
1 49 11		LTIMORE CIYTY	UNTON MEMOR		ral	Homemak	er	Own	Home
1 2 DI	13a. S	AL RESIDENCE (IF NURSING HOME OR TATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE TO		NSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE		21210
2 22 5		MD	Balt		ACR TO	14 W. Co.	ld Sp	ring	Ln.
1 12	14 F/	ATHER'S NAME FIRST	WIDDLE LAST	15 N	OTHER'S MAIDEN NAM	ME		LAS	ST
	3	Eugene G			Bessi	e Mar		Burg	giss
1 Alana		YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SEC		IFORMANT				
2 3 3 3		No	219 30 ly ane cause per line far 101, (b), c		cs. Louis	e L. Reyno	olds,		1to., M
that the death certile is by the attending phoses entous culpans du, committee areas to other tradition or one		PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQ DUE TO, OR AS A CONSEQ OUE TO, OR AS A CONSEQ (c) Acute (ardiac	Arrest Y Pistress				
w requirements been significant. The prior to be only injury of	CERTIFICATION	PART 2. OTHER SIGNIFICANT C PREUMONICS 190 DATE OF OPERATION	CIFF A-F	16		INAL DISEASE OR COND	20b. IF YES,	WERE FINDIN	NGS USED
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the hospital or the hospital or t DIRECTOR: A stacked for use e Dept of Heali if them 21 is ma		220 I certify that (I) (this hospit saw the deceased alive an above (I) (we) (fid Add not 22b SIGNATURE	attended the deceased from		EE ATTENDING	death occurred on the do	F _	ond from the	
O HOSPITAL to FUNERAL should be dere with the State MPORTANT: I		224. PHYSICIAN'S NAME (TYPE OF	AN CATALONO D.O	22e	ADDRESS	DIRECTOR PHYSIC		1/	··/• T
5 5 5 ¥ ₹	23a. I	BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMET	RY OR CREMATORY	23d. LOCATION		COUNTY	STATE
BP		Burial	11/14/87 M	oreland		Balto.,			MD
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 F	UNERAL DIRECTOR H	I.W. Jenkinsess	& SonsCo	250. DAT	E REC'D. BY REGISTRAR V 1 7 1987		- 4	TURE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH CT REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN XX MONTH 2h HOUR (TYPE OR PRINT) 11-27 19 87 Kevin Demby Μ. DEATH MATED Denby 3 SEX 4 RACE IF UNDER 24 HRS DATE 74 HOUE LAST BIRTHDAY) PRONOUNCED B Male 20 YRS 06 - 06 - 67DEAD 11-27 1987 p.N 76 CITIZEN OF WHAT COUNTRY? LA BIRTHPLACE ISTATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore City, Maryland U.S.A. WIDOWED DIVORCED M. CITY OR TOWN OF DEATH II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE OR INDUSTRY Baltimore University Hospital - STU processing Laborer SUAL RESIDENCE LIF IN N. ISING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13d. INSIDE (ITY LIMITS? | 13e STREET ADDRESS | NO [X] Rt. 1, BOX 4 Dorchester East New Mkt .yes 0 Maryland M- FATHER'S NAME IS. MOTHER'S MAIDEN NAME Alfreida Jones Demby James Demby, Sr. 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. Market, Md. Rt. 1, box LIE YES GIVE WAR OR DATES! Alfreida Demby, 220-80-4816 No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY Multiple Injuries DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10. CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E 3 SHOULD BE USE DEPARTMENT OF 1 PRIOR TO BURIA YES NO XX 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR 12:40AM 11-8 1087 passenger in auto/auto impact CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY LATHOME. 21E LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE: AFTER DEATH, WITH THE STATE D BALTIMORE, MARY LAND, 21201 road Rt. 16 south of Springdale Dorchester Co., Inspection XX, 220. I certify that I taak charge of the remains described above, held on Autopsy Accident XX Hamicide death resulted fram: Natural causes Suicide Undetermined manner TITLE (SPECIFY) Assistant 11-28-87 MEDICAL EXAMINER Margarita A. Korell, M.D. 111 Penn St., Balto., Md. 21201 EXAMINER'S NAME (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Cem. East New Mkt. Dorch. STATE East New Market 07/84 Federalsburg, Md. 21632 | 250. DATE REC'D. BY REGISTRAR PAR REGISTRAR'S SIGNATURE 25M 24 FUNERAL DIRECTOR **DHMH - 17** Framptom-Hawkins: P.O. Box 43 (VR A15 ME (5))



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES
CERTIFICATE OF DEATH

٠.						REG. INC).		
П		CEASED NAME 1957	MIDDLE	L	AS1	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	1100	Avon		Der	nnis		11	15 1987	235 A M
П	3.5E	N.	4. RACE	5. DATE C		6 AGE (IN YEARS LAST BIRT	HDAY]	IF UNDER 1 YEAR	IF UNDER 24 HRS
		MALE	BLACK	MONTH 6	5 1930	57	YRS.	MONTHS DAYS	HOURS MIN.
1	7= B1	RTHPLACE ESTATE CHEOMICA	76. CITIZEN OF WHAT COUNTRY	? 8	NEVER MARRIED	9 BALTIMORE CITY O	R COUNT	Y OF DEATH	
V	1	TARYLAND	U.S.A.	WIDOWE		Baltimore	City	Υ,	MD.
٦	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	ING HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATION		IFED 126 RINGS	OWAY E
	dt	Baltimore	Union Memoria			CHECKER	2	PRESS	TRUCKING (
		AL RESIDENCE (IF NURSING HOME OR 13b COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFO		13d. INSIDE CITY LIMITS?	13 STREET ADDRESS	ZIP COD	BALTO), mo,
2	m	ARYLAND -	BALTIN	nore	YES NO [1610 6.2	STH.	ST. 2	1213
	14. FA	ATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	MIDDLE		LAS	SI
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		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC	URITY NO.	17 INFORMANT MRS	, 84	ETIM	ORE IM	EMARYLAND
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ñ	CER	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	DAY VEAD	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18	PART 1 OR PART 2}	
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1	M	NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE.	, FARM, ETC }	STREET	CITY OR TO	VN.	COUNTY	STATE
1		22a I certify that (I) (this haspi	tal) attended the deceased from.	10, 3	1 1987			1987	that (I) (we) last
1		saw the deceased alive an	11. 15 19_	87 . ar	nd that in (my) (aur) apinian d	leath accurred an the do	te and ha	ur and fram the	causes stated
		22b. SIGNATURE	To view the bady after deam.		DEGREE			22c DATE	SIGNED
	13	Jacch dome	omil. Mi)		ATTENDING PHYSICIAN	MEDICAL STAF		11. 1.	5.87
ī	1	22d. PHYSICIAN'S NAME (TYPE O	R PRINT)		22e ADDRESS	, , _ , , , , , , , , , , , , , ,	26.75		
		JACEK SOSNON	shi M)		200 Tomonto	un Blod. T	ouson	MD 212	204
H	23n P	BURIAL, CREMATION, REMOVAL	23b DATE 23c	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
		SURIAL, CREMATION, REMOVAL	ZJB DATE ZJC.	THAME OF C	EMETERT OR CREMATORY	CITY OR TOWN		COUNTY	STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

ALPK. BALTIMORE MO

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

NOV 1 9 1987 Julia Dividen Rudius.

BURIAL 11/20/1987 ARBUTUS MEMOBAL PK.

"NUTTER FUNERAL HOMES, INC, 250. DATE RE
250. GWYNNS FAUS PKWY. BALTO, MO, 21216 NO

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 4 ASED NAME 2b HOUR 20 DATE KNOWN Frederick E. Dennstaedt DEATH MATED 11-1-2d HOUR 4. RACE 5. DATE OF BIRTH & AGE (JN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE 8:307 LAST BIRTHDAY PRONOUNCED 73 Male White 8-1-1914 DEAD 11-1-97 10 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH TE BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore City U.S.A. DIVORCED A Md. WIDOWED [ID CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 1176 KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Ret. Steel Worker Baltimore 601 Wyanoke Avenue AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS In STATE 113h COUNTY 13c. CITY OR TOWN 601 Wyanoke Ave. 21218 Bal to. Md. 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Rachel Robbins Dennstaedt Earnest 17. INFORMANT 16b. SOCIAL SECURITY NO ADDRESSBalto., Md. 21211 160 WAS DECEASED EVER IN U.S. ARMED FORCES? LYES NO OR UNKNOWN Lauren L. Dennstaedt, 611 W. 39th St. 216-10-1532 WWII XX Yes CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IA 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY WHILE AT WORK GE 4 SHOULD BE FOR FUNERAL DIRECTOR: TER DEATH, WITH THE S 22s. I certify that I took charge of the remains described above, held an ond in my opinion death resulted from: Natural causes Homicide Undetermined monner TITLE (SPECIFY) MD Deputy ChiefpICAL EXAMINER SIGNATURE EXAMINER'S NAME ADDRESS 111 Penn Street, Baltimore, MD 21201 Ann M. Dixon, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE COUNTY STATE 11-3-87 Balto., Md. Cremation Westview 07/84 250 DATE REC'D. BY REGISTRAR TO REGISTRARYS SIGNIFICAND URE LANGUE DESCRIPTION OF THE PROPERTY 24 FUNERAL DIRECTOR **DHMH - 17** Leonard J. Ruck, Inc., 5305 Harford Rd. (VR A15 ME (5))

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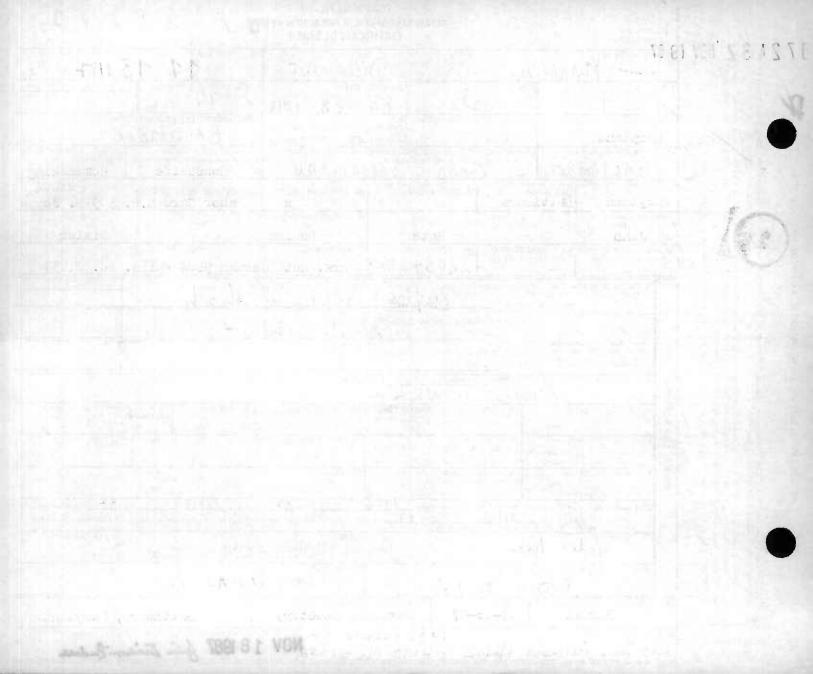
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 20. DATE OF DEATH MONTH 2b. HOUR 17 2 8 8 9 ENOV 24 Stewart Nov. 20. 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER YEAR IF UNDER 24 HRS MONTH HOURS. YEAR 1911 Male Caucasian Aug. BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTO Pennsvlvania WIDOWED DIVORCED [Baltimore City 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LITYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Baltimore University of Maryland Hospital Laborer US Army Depot USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c CITY OR TOWN 13e. STREET ADDPESS 13d. INSIDE CITY LIMITS? Pennsylvanial Franklin 289 North Carlisle Street |Greencastle NO I A FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE David A. DICKSON TRIMBLE Annie 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 166. SOCIAL SECURITY NO. IYES NO OR UP "NOWN) LIF YES, GIVE WAR OR DATEST Laura Dickson, 289 N. Carlisle Street II. WW WW II 170-12-0781 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 200 AUTOPSY? 20h. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE AT WORK NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased glive on_ and that in (my) (our) opinion death occurred on the date and haur and from the causes stated abave, (1) (we) (did) (did got) view the body after death 22c DATE SIGNED 226 SIGNATURE DEGREE MEDICAL ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR THINK TO FUNE should be 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE Nov. 23,1987 Maplewood Cemetery Marion, Franklin, Pennsylvania Burial 250 DATE REC'D. BY REGISTRAR 256. REGISTRAP'S SIGNATURE 24 FUNERAL DIRECTOR 21229 DHMH - 16 50M 1 81 (VRA 15, 4) Mubbard Funeral Home, Inc. 4107 Wilkens Ave.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH James A. Dingee REGISTRAR 20 DATE OF DEATH DECEASED NAME 26 HOUR (TYPE OR PRINT) JAMES INGEE 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS White Male July 11. 1938 BALTIMORE CITY OR COUNTY OF DEATH O BIRTHPLACE I STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Penna. USA BAHMORE WIDOWED DIVORCED IN ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR Railroad SAltimore TRAVEIS Laborer OME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 21221 COUNTY 13e.STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Maryland Baltimore "G" Old Eastern Ave. Essex KXKON FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST FIRST MIDDLE Unknown Unknown ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17. INFORMANT (YES, NO OR JUNKNOWN) 210 30 7346 Doris Mueller, Friend Yes Same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: ARDIAC 10MINUTE IMMEDIATE CAUSE (o) DUE TO, OR ASMA CONSEQUENCE OF HC100515 Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO CERTIFICATION RESDIRATORY INNOROME -190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? LIPPER GI BIEED 21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDIC ALEXAMINER) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY OFFICE FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital attended the deceased from sow the deseased alive on obove, (I)(we) (did)(did not) view the body alter death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL FUNERAL I DIRECTOR PHYSICIAN PHYSICIAN [MPORTANT 224. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS ENTER / SAFTER N 23e. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Md. Veterans Cemetery Garrison Forest Balto Co Md DHMH - 16 60M 7/8 Aulia Swidern Randall Old Eastern Ave NOV (VRA 15, 4)

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME LAST 2a. DATE OF DEATH MONTH 2b HOUR YPE OR PRINT DOANE 5 CHARLES W 4. RACE 5 DATE OF BIRTH 6. AGE LIN YEARS LAST BIRTHDAY IF UNDER I YEAR MALE aucacian 22 YRS 70. BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MASS DIVORCED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST, OF WORKING LIFE) INDUSTRY BALTIMORE Merchani SUAMAN B6 MErchamy MAMNE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
131. CITY OR TOWN BACTIM! 13e.STREET ADDRESS / ZIP CODE MD ACTIMORE PEMBROOKE 429 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE PERRY DOANE CHARLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) HE YES GIVE WAR OR DATEST 720146342 CHART SB64 UNKA physicia ÷ APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY ARDIOPUCIUNAM IMMEDIATE CAUSE (a. DUE TO, OR AS A CONSEQUENCE OF Cell Cardnoma & Lune NONSMALL Metas Tatro Canditions, if ony, which gove rise to immediate cause (o), stoting DUE TO, OR AS A CONSEQUENCE OF BRAIN underlying cause Mctas ratts PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 78a AUTOPSY IN CERTIFYING CAUSES OF DEATH? YES [NO [Hygi 21b. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION 0 CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the decease alive on abave (1)(we) (did (did not) view the body after death. and that in (my) (aur) ppinian death accurred on the date and hour and from the causes stated DEGREE 22b. SJGNA 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: should be with the St 22e ADDRESS HRYSSOS UN 0 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE CITY OR TOWN (SPECIFY) COUNTY STATE 11-5-87 Removal 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 Balto., Md. (VRA 15, 4) State Anatomy Board

STATE OF MARYLAND

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STATE OF MARYLAND

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VOID DEATH CERTIFICATE #87-31798







STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO OR PRINT) MIDDLE 20 DATE OF DEATH 11/19/87 JOAN ROSEMARTE DOWNEY 0800amM AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 4 RACE 5. DATE OF BIRTH IF UNDER 24 HRS 1-5EX "P1"/11/1925 YEAR FEMALE 62 White **BALTIMORE CITY OR COUNTY OF DEATH** To. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore City England DIVORCED | USA WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12e USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore St. Agnes Hospital Homemaker SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13e. STREET ADDRESS 13c CITY OF TOWN 13d INSIDE CITY LIMITS? Baltimore Woodlawn 1556 Langford Road, 21207 Maryland 15 MOTHER'S MAIDEN NAME LEATHER'S NAME FIRST MIDDLE LAST MIDDLE FIRST unknown Lucy Harry Pyne ADDRESS In WAS DECEASED EVER IN U.S. ARMED FORCES? IAL SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) Earl W. Downey, 1556 Langford Road 212-30-3391 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate cause (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse DIVISION OF VITAL RECORDS, 201 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 MARNARY 1SEASE 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 9a DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NON 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from saw the deceosed alive on NOV 18 above, (I) (we) (did) (did not) view the body after death. and that in (my) (our) apinion death accurred on the date and hour and from the couses stated 22b. SIGNATURE 22c. DATE SIGNED DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) BALTIMORE, MD 21229 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE STATE (SPECIFY) Md. Meadowridge Mem. Park Howard Elkridge Burial 3 1987 Spiles Desident Condes 24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 Hubbard Funeral Home, Inc., 4107 Wilkens Ave (VRA 15, 4)

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STATE OF MARYLAND

STATE OF MARYLAND

DHMH - 16 50M 4/83 (VRA 15, 4)

GLEN HAVEN

GLEH BURNIE BY REGISTRAR 256. REGISTRAR'S SIGNATURE 25a. DATE REC'D.

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CORDS	VULD BE EXECUTE "PENDING" INF EF MEDICAL EXA SED AS A BURIAL HEATH AND AL, CREMATION	NO	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONT	RIBUTING TO DEATH	BUT NOT RELATED TO TH	IE TERMINAL OISEA	SE OR CONDITION GI	IVEN IN PART 1 (a)	Tal.			
I R	HIEF A USED OF HE	CERTIFICATION	190. DATE OF OPERA	TION	196 CONDIT	ION FOR WHICH	OPERATION V	VAS PERFORME	D?	. 4	1 123	20 AUTOPSY	?
N N	SHOUL CHIEF CHIEF SE USEE	RTIF										YES 🗆	NO XX
DIVISION OF VITAL RECORDS, 301	ERTIFICATE SHO ING THE WORE ED TO THE CH 3 SHOULD BE U PEPARTMENT O PRIOR TO BURI		216. EXTERNAL CAUS UNDERLYING CONTRIBUTING	OR CAUSE OF DEA	TH P.M	MONTH DAY	YEAR 9		CCURRED (ENTER P	NATURE OF INJURY IN	ITEM 18 PART 1 O	RPART2)	
DIVIS	E. WRITING THE RWARDED TO THE RWARDED TO THE PAGE 3 SHOUL STATE DEPARTM.	MEDICAL	216 INJURY OCCURI WHILE NOT AT WORK AT W	WHILE		OF INJURY (AT HO ORY, FARM, ETC.)		OCATION STREET		CITY OR TOWN		COUNTY	STATE
	FOR THE AND,			I took charge af	DVW/	Accident .	an Auta	ssy , li	nspection .	Inquiry XX	and in my	у ортпіал	48
0	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATION OF SECOND BE FOR TO FUNERAL DIRECTOR! AFTER DEATH, WITH THE BAUTIMORE, MARYLAND		ACTUAL A		all	M	Tali	TITLE (SPE	CIFY)		DA.	rs 11 10	07
	SHOWER AND SHOWER SHOWE		SIGNATURE L.Y	Much	You	ugeti	<u>unil</u>	Assis	,,,,,,	ICAL EXAMINER	SIC	GNED 11 13	
	TO MEE EXECUT PAGE 4 TO FUN AFTER D BALTIM		EXAMINER'S NAME (TYPE OR PRINT)			+/		ADDRESS	ll Penn		Ito.,	Md. 2120	1
07/84	BP	23a. B	BURIAL BURIAL	EMOVAL 236. [-17-8-	7 BALT	OF CEMETERY O	VALION	JAL 136	CATION ORTOWN		COUNTY (D .
25M	DHMH - 17 (VR A15 ME (5))	24 5	PARE TU	NERAL	Home	52091	102K	20 250	NOV 1	REGISTRAR 25	REGISTRAR	SIGNAPERE	Ĉ,

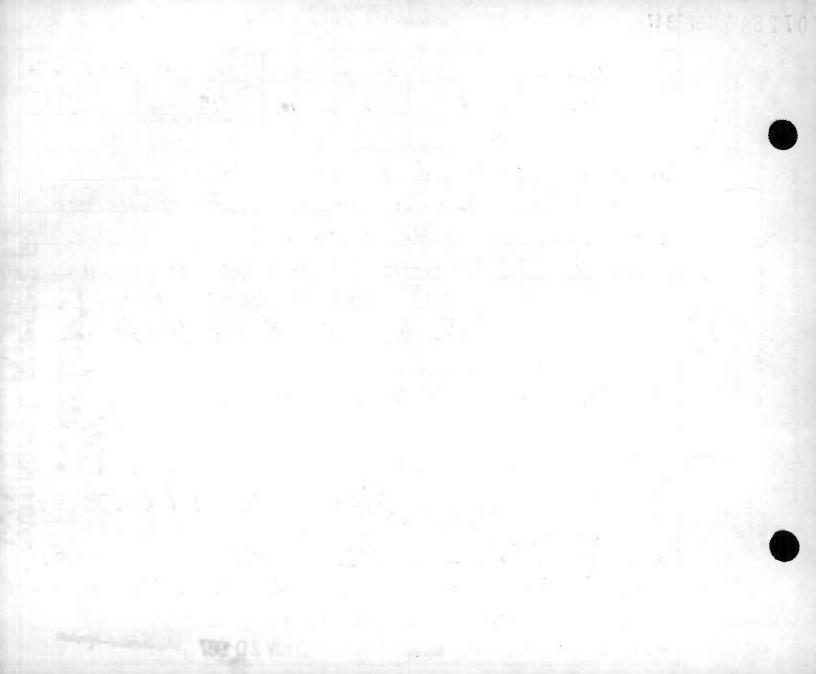
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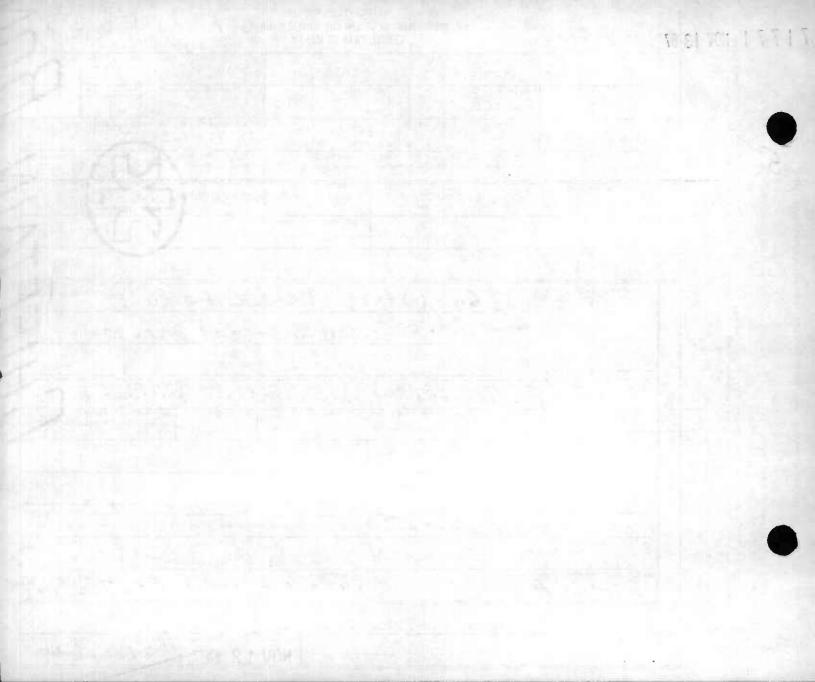
Wabash Avenue

DHMH - 16 60M 7/B4 (VRA 15, 4)

Wm. C. March F/H West 4300

2644 NOV :	12	TOR.	200	STATE OF MARYLAND	UVCIENT 1	1 8 0 5
S D it it MA	9	STATE REGISTRAR	DE	PARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MON	TH DAY YEAR 26 HOUR
t may be ir page 3 fter death	TIVE	Lonnie		Eaddy	1	18 87 1250A
moy pog per de	3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDA	
recto		Male	Black	0 2 12 10		YRS. DAYS HOURS MIN.
rol die		RTHPLACE (STATE OF FOREIGN	7b. CITIZEN OF WHAT COUR	MARRIED A NEVER MARRIED	9. BALTIMORE CITY OR CO	DUNTY OF DEATH
dea thin	10.0	J, C	WSH	WIDOWED DIVORCED	1 laltimore	
je se te	0	ITY OR TOWN OF DEATH	HE NOT IN SUCH FACILITY, GIVE	IURSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OF RKING LIFE) INDUSTRY
	10	altimore	Bon Secon	111111111	Ketired	
4 hour led in ild be f	130.	AL RESIDENCE (IF NURSING HOME O			S? 13e STREET ADDRESS ZI	CODE 21273
fille		Md -	- Bait	more YES NO [nrose Hue
etely d 2 st	14. F	ATHER'S NAME	MIDDLE LA	15 MOTHER'S MAIDEN	MIDDLE	. 1
tomple I and	1	MO	Fa	day tester	MIDDLE	Holly
5 9- 5		VAS DECEASED EVER IN U.S. AF		L SECURITY NO. 17 INFORMANT	ADDRESS	119
n and Page	(YES, NO OR UNKNOWN] (IF YES, GI	VE WAR OR DATES) 251-	13-9509 Ola Fada	ly 2137 Per	muce And
5 o 6		18 CAUSE OF DEATH (Enter of	nly nne chuse per line for (n)	(honodes)		APPROXIMATE INTERVAL BETWEEN CHIEFT AND DEATH
physici npopei naval.	40	PART I. DEATH WAS CAUSE	D BY:	PD outh re	smartin 5	tailer
ng p	-	IMMEDIA	TE CAUSE (o)	I D TON E	10000	030
death attendi	1		DUE TO, OR AS A CON	SEQUENCE OF	Paragree Kes	al Belle.
	-0	Conditions, if ony, which gove rise to immediate	(b)	un ova	course fer	a farmy
by the ase rem	-6	couse (a), stating the underlying couse last.	DUE TO, OR AS A CON	SEQUENCE OF		0
- peo 5			(c)			
	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIN	G TO DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITI	ON GIVEN IN PART TIO
0 0 >	은	\Box	ca / VI	a agrey	>(() [)	
n. n. has be permit ne prin	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR V	VHICH OPERATION WAS PERFORMED		LIF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
The Incion.	1				YES NO	YES NO
Z S S S S S S S S S S S S S S S S S S S		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONT	H DAY YEAR 21c HOW INJURY OC	CURRED (ENTER NATURE OF INJURY IN	TEM 18 PART 1 OR PART 2)
HYSICIAN: ding physis as certifica burial-tron Mental Hy ar Item 18	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE		19		
HY his bu d M	G G	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	211 LOCATION	City Of 10 Way	STATE STATE
O# ## 0 #	>	AT WORK NOT WHILE	(ALTIONE, STACE), FACTORY,	1060	00 11	10 00
		220.1 certify that (1) (this hosp	ital) attended the decessed	from	0 10 10	that (It (we) la
ATTEN aspital CTOR: d for ur		saw the deceased alive or		_19, and that in (my) (our) opin	nion death occurred on the costs o	nd hour and from the causes stated
О Ш о о -		22b. SIGNATURE	ot) view the body ofter death.	DEGREE		22c DATE SIGNED /
0 0 0 0 0		XASI	XDIA.	ATTENIDIN	G MEDICAL STAFF	1 1/20/0
By by Stoth	-	22d PHYSICIAN'S NAME (TYPE	OR PRINT!	22e ADDRESS	N DIRECTOR PHYSICIAN	1/19/0
FUNE Sould be Sould b		110	EITDA	1/ 10:00	11 PAITIM	DOF TIN
TO HOSPITAL retained by the TO FUNERAL should be deto with the Stote IMPORTANT: If		11/1/19	FURAL	1740	N. ISHUIM	INE ST, VIV.
F 5 - 8 / 3	230.	BURIAL, CREMATION, REMOVAL		23c NAME OF CEMETERY OR CREMATO	23d. LOCATION	COUNTY STATE
BP		Burial	11/23/87	Md Nat Memorial P	ark Laurel	Md
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR	400		DATE REC'D. BY REGISTRAD 256	REGISTRAR'S SIGNATURES
(VRA 15, 4)	W	m. °C". March F/H	West 4300 ₩	abash Avenue	JV 20 1987 J	, Davidson-17





X						STATE OF MARYLAND	in mad	
076		1 11011	1.	FOR STATE	DEPAR	MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE / 3 1	8 0 Z
0/1	194	NOV -	6 8	REGISTRAR CEASED NAME FIRST	MIDDLE	CERTIFICATE OF DEATH	REG. NO.	AY YEAR TO HOUR
	e q	e t		OR PRINT) LOUIS	W	FASTIC	II O	20 HOOK
	noy	page 3	3. SE:		4. RACE	5. DATE OF BIRTH	- 11	FUNDER I YEAR IF UNDER 24 HRS
	3ge 4	rector, Irs offic		MALE	WHITE	MONTH OG OS	83 yrs.	ONTHS DAYS HOURS MIN.
	th. Poe	P S		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
	deo	fune dot	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL NURS	WIDOWED DIVORCED [120 USUAL OCCUPATION	12b, KIND OF BUSINESS OR
10	s offer	by the	10.0	BALTIMORE	SOUTH BALT	HORE GEN HOS	Machinist	
ID 2120	4 hour	lled in	USU. 13a. S	AL RESIDENCE (IF NURSING HOME OR TATE			13. STREET ADDRESS / ZIP CODE	01975
LAN	hin 2	2 share	14. F.A	THER'S NAME	DANII	HORE YES NO	NAME	111 4144
MARY	bed wil	ompleti and 2			W. EAST	S ANNI	IE B WOX	ILPORD.
BALTIMORE,	xecul	Name of the contract of the co		VAS DECEASED EVER IN U.S. ARM			ADDRESS	
LTIM	oq :	ion one		110	200		stis Same as 13e HA	W.C. V. C. C. C. C.
ST., BA	rtificate	physici an paper emaval,		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED IMMEDIATI	y one cause per line far (a), (b), o BY: E CAUSE (a) CARS	O-PULHONARY	CONHAPSE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	th ce	rading corbi		881	DUE TO, OR AS A CONSEQ	JENCE OF , , _ , _ , _ , _ , _ , _ , _ , _	11110-11-011	
W. PRESTON	deo	nave nation traun		Conditions, if ony, which gove rise to immediate	(b) <u>HULT</u>	1 SYSTEM PA	TINURE+ CHF	
	that the	by the case rer al, crem		couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSECT	THE HIP PINI	UING	
5, 201	res	signed nen ple ne buria jury, ar	7	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION GIVE	N IN PART Tra
RECORDS,	ed	t. The	TIO	IA SAYS OF OREGANION	RECURRENT	ABTIRATION	THEUHONIA	WEST PLANTS
L REC	e law	permission by a permission but be but	CERTIFICATION	10/30/87	196 CONDITION FOR WHICH	POPERATION WAS PERFORMED P	200 AUTOPSY? 20b. IF YES, IN CERTIFY YES NOT YES	WERE FINDINGS USED ING CAUSES OF DEATH?
VITA	IAN: Th	ronsit Hygie 18 sho	CERI	210. ACCIDENT WAS UNDERLYING	21b, TIME OF INJURY HOUR A.M. MONTH	21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM 18 PAI	
9	SICIAN:	buriol-tr Mental or Item	CAL	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
DIVISION OF VITAL	PHY	sid of N	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
ā	Z	Afte of the mort		229.1 certify that (I) (this haspit	all attended the deceased from	10/2 19.8	7 10 11/02	9 8 7 , that (I) (we) last
	R ATTEND	E 4 2 04 (24)		saw the deceased alive on obove. (1) (we) (did) did no	the body after death.	87_, and that in (my) (our) apini	an death accurred an the date and have	
	~ E	DIRECTOR IN THE METERS IN THE		27h SIGNATURE	AND	DEGREE		22c DATE SIGNED
	TAL O			LAN		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	11/02/87
	O HOSPI etained b	should be det with the State		224 PHYSICIAN HAMES IN	Ach. XLE	10 3001 SA	ANOVER ST. BAG	MIMOREMS
	o de	of share Management of Managem		URIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATOR	Y 23d LOCATION	POANTYA GATE
	BP.			Burial	11/6/87	edar Hill Cemetery		CANYA. Ma
		- 16 60M 7/84 /RA 15, 4)		eorge J. Gonce	+001 Ritchie°Hi	ghway Balto Md	NATE REC'D BY REGISTRAR No. REGISTS	AB'S SIGNLOURS
	1.						V	

injury, or other troumotic event, #

IMPORTANT: If Item 21 is marked or Item 18 shaws any

STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

47	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.		
	PECEASED NAME	MIDDLE	0	AST	20 DATE OF DEATH MONTH	DAY YEAR 21	h HOUR
3. S	YIIW	1 RACE	IS DATE O	COU	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR II	F UNDER 24 HRS
3. 5	F	IN I			72		HOURS MIN.
70	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COL	INTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OFDEATH	
	COUNTRY) Md.	USA	WIDOWE	DIVORCED [Baltimore,		MD.
	Baltimore		ve street ADDRESSI ai Hospit		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LII Homemaker	126 KIND OF E INDUSTRY	BUSINESS OR
US 13a	UAL RESIDENCE (IF NURSING HOME OF STATE 13b COUR	NTY I3c_CITY C		13d. INSIDE CITY LIMITS? YES X NO	130 STREET ADDRESS / ZIP CODE 1212 A Walket	r Ave.	-12
14. 1	FATHER'S NAME FIRST Andrew	Schultz	AST	15. MOTHER'S MAIDEN NA	raldine MIDDLE	LAST	
16a	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES)	03 3690	Mrs. Audrey	Brady 15624 N. P	Bowie latte Dr	e, Md.
	18 CAUSE OF DEATH IEnter or PART 1. DEATH WAS CAUSE	nly one couse per line for Si. ED BY: TE CAUSE Cardio	spinate	ny Arrest		APPROXIMA BETWEEN ON	SET AND DEATH
	Conditions, if ony, which	DUE TO, OR AS A COL	NSEQUENCE OF	1 Liver N	Nets		
	gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A COM	NSEQUENCE OF	he Calh	10 Breast Co		
Z		CONDITIONS CONTRIBUTION	NG TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIV	EN IN PART 110	130
CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	IN CERTII	S, WERE FINDING FYING CAUSES OF	S USED F DEATH?
		ATH HOUR A.M. MON	TH DAY YEAR	21e. HOW INJURY OCCUR	RED (ENTE THE CENTRY IN ITEM 18 I	PART I OR PART 2)	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY		211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	22a. I certify that (1) (this hosp sow the deceased alive on	(B) / WC	19 F7 OI	nd that in (my) (our) opinion	death occurred on the date and hou		ot (It (we) lost
L	22b. SIGNATURE	She The Body offer deoir		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	224 DATE SI	9NED /87
	22d. PHYSICIAN'S NAME TYPE	Bhe traper		22e ADDRESS	Hospital		
230	BURIAL, CREMATION, REMOVAL	11/6/87		Rosary	23d LOCATION CITY OF TOWN Baltimore, M	d.	STATE
	FUNERAL DIRECTOR MITCHELL-WIEDEFE	LD HOME. INC	ooress 6500	York Rd. 250 PA	TE REC'D. BY REGISTRAR 25b. REGIS	TRAR'S SIGNATUR	₹E
=		_,			Total Control	THE PERSON NAMED IN	day.

DHMH - 16 60M 7/84 (VRA 15, 4)

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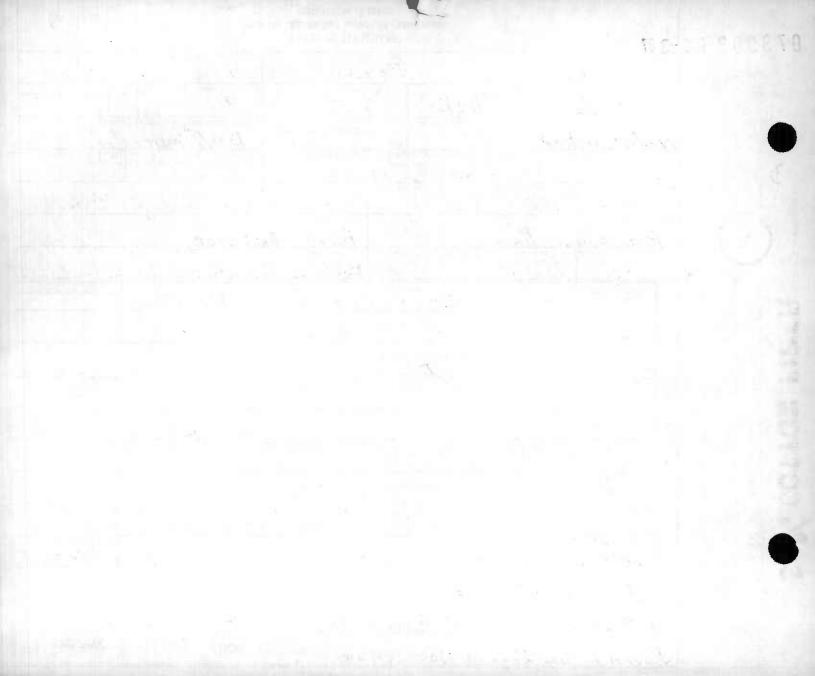
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	1-	FOR STATE REGISTRAR	DEPARTM		EALTH AND MENTAL HY ICATE OF DEATH	GIENE /	J 1	J (9
. 0	1. DEG	CEASED NAME FIRST OR PRINT) HUMA	MIDDLE	5.	20~	20. DATE OF PEATH	MONTH D	3 87	7:10 A
	3. SE		A RACE Black	5. DATE C		6 AGE (IN YEARS LAST B		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
1		RTHPLACE ISLATE OR FOREIGN TOUNTED AND AND AND AND AND AND AND AND AND AN	76. CITIZEN OF WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED	9. BALTIMORE CITY	or county	OF DEATH	MD.
100	10 CI	3 Ci7	11. NAME OF HOSPITAL, NURSING	DDRESS)	ROTHER INSTITUTION	12a USUAL OCCUPA	OF WORKING LIFE		F BUSINESS OR
6		AL RESIDENCE OF NURSING HOME OR OF STATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE TY 130 CITY OR TOWN		136 INSIDE CITY LIMITS?	130 STREET ADDRESS	77	3/94	5
	7	BENJAMIN	AIDDLE LAST		ANNIE /	VORWUDD	0	LASS	1
4		VAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE		-3096	Mac AGNES!	ADDI ATOM 412D	w. Roci		
		PART I. DEATH WAS CAUSED	y one couse per line for (a), (b), and BY. E CAUSE (a)		ulmonar	Y ARRE	57	BETWEEN C	MATE INTERVAL DNSET AND DEATH
	-	Conditions, if any, which gave rise to immediate cause 101, stating the underlying cause lost	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO D	NCE OF	Myeluma,	End STA	ndition give	EN IN PART 114	o .
7	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	CONDITION FOR WHICH OPERATION WAS PERFORMED 20				, WERE FINDIN	
?		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT		Y YEAR	21¢ HOW INJURY OCCU	RRED (ENTER NATURE OF IN	URY IN ITEM 18. PA	RT 1 OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	RM, ETC)	211 LOCATION STREET	CHYORI	OWN	COUNTY	STATE
		sow the deceased alive on obove, (b) (we (did) (did not	ol) ottended the deceased from 19	, 01	d that in (my (our) opinion	n death accurred on the	dote and hour	and from the	
	9	226. SIGNATURE 226. PHYSICIAN'S NAME LIVE OR	Elman	m	ATTENDING PHYSICIAN	MEDICAL ST.	AFF ICIAN D	220 DATE	23/87
		a reg	Redmann		SINAT.	HOSPITAL			
		BURIAL, CREMATION (REMOVAL	11 1N CA 1	RR15		A BALTO		como	STATE
4	1	UNERAL DIRECTOR	2272 W. Alber	ii A	ULS DEC	03 1987	R 75b. REC ISTR	AR'S SICHAT	ine ;

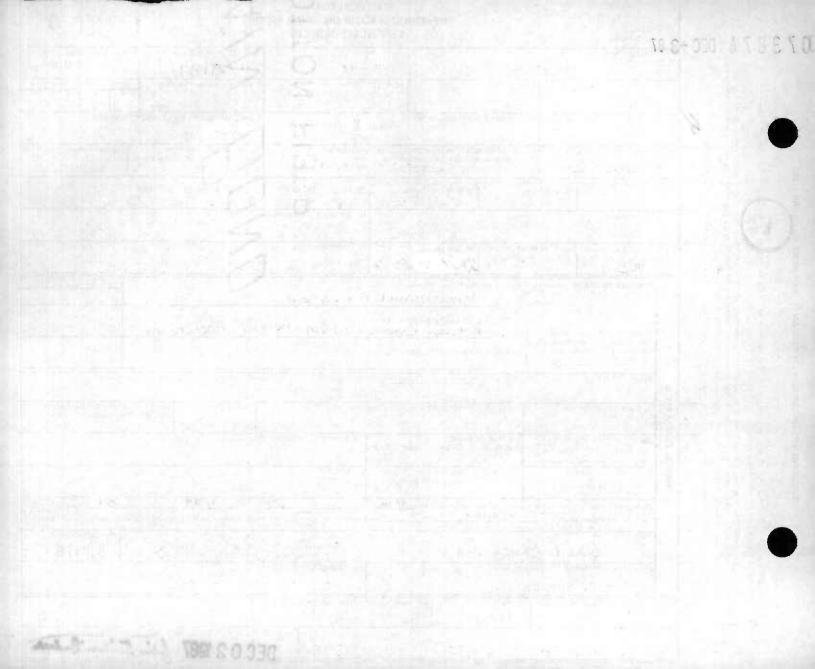
L. Russ 2272 W. NORTH AUG

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: If Hem 21 is marked or Hem 18 shows any injury, ar other train

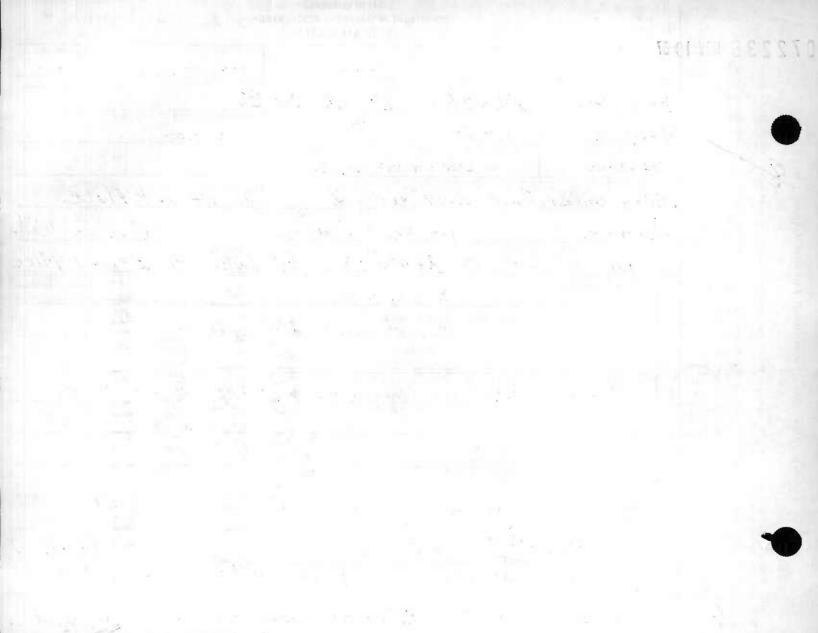


		500			E OF MARYLAND	VOIENE	
874 DEC-	2 9	FOR STATE REGISTRAR	U		ICATE OF DEATH	REG. NO.	1 3 1 0
		EASED NAME FIRST	WIDDLE	L.	AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
poge 3	11111	(Cor	rine)CORARRIN	Edi	mond	11/29/87	855 P
e po	3. SE	(4 RACE	S. DATE (6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
rs of		FEMALE	BLACK	7	4 36	51 yrs	
3/		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	UNTRY? 8.	D NEVER MARRIED	9. BALTIMORE CITY OR COUN	TY OF DEATH
oto		VΑ	USA	WIDOWE	DIVORCED [□ Baltimore CI	TY
notified		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GI Union Me			12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING MAINTENENCE	12b. KIND OF BUSINESS OF INDUSTRY
The fi		AL RESIDENCE (IF NURSING HOME) TATE 13b. CC		OR TOWN TIMORE	13d. INSIDE CITY LIMITS	13e STREET ADDRESS / ZIP CO 549 E. 38TH ST	REET 21218
xominer	14. FA	THER'S NAME MADISON	MIDDLE	ODSON	15 MOTHER'S MAIDEN PEARL	NAME	REED
medicol				78-6596	17. INFORMANT	ADDRESS OND 549 EAST 38th	CIDEET
the m	-	NO	or only one couse per line for to USED BY:		PATION EDM	UND 349 EAST 38th	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
signed by the chence please remains to buriol, cremot hinry, or other tra	NO	gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICAT	DUE TO, OR AS A CO		NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION C	GIVEN IN PART 110
t permit. I	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	ON WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc
Hyg Hyg		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	F DEATH HOUR A.M. MON	TH DAY YEAR		URRED (ENTER NATURE OF INJURY IN ITEM I	8 PART I OR PART 2)
olth and Mental marked or Item	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTOR)		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
for us of He 21 is		sow the deceased alive above, (1) (we) (did) (die	ospital) attended the decease e on N 29 0 7 d not) view the body after deat	19	nd that in (my) our) pin	ion deoth occurred on the date and h	
detoched detoched ote Dept. IT: If Item		Guà C	Sager Ms		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	11 29 87
TAN		22d. PHYSICIAN'S NAME (T	YPE OR PRINT		22e. ADDRESS		
should be deto with the Stote [Gina C. Sag	ger, md.		Union Men	norial Hospital	
5 ≥ ₹ ≈	23a.	BURIAL, CREMATION, REMO			CEMETERY OR CREMATOR	CITY OR TOWN	COUNTY STATE
		BURIAL	12/6/87	AR BUTUS	S MEM. PARK	ARBUTUS,	MD
16 60M 7/84	24 F	UNERAL DIRECTOR		ADDRESS		DATE REC'D, BY REGISTRAR 25b. REG	The second second
RA 15, 4)	1	M. C. MARCH F	/H. INC. 1101	E. NORTI	H AVENUE	DFC 0 2 198/ July	a Divideon Randows



070010 000	1	FOR	DE		OF MARYLAND ALTH AND MENTAL HY	GIENE /	
072013 NOV I	61	STATE REGISTRAR			CATE OF DEATH	REG. NO).
		CEASED NAME FIRST	MIDDLE	LAS	51	20. DATE OF DEATH	7\
noy be poge 3	11	ELVA	MAY	EDMOI	NSTON	NOVEMBE	R 14, 1987 11:53
4 94	3. SE	Female	4. RACE	S. DATE OF	BIRTH YEAR 1924	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
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on the transfer	-	TY OR TOWN OF DEATH ALTIMORE	THE JOHNS	VESTREET ADDRESS IN S	OTHER INSTITUTION S HOSPITAL	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE! INDUSTRY
AND 212	13e. S	AL RESIDENCE (IF NURSING HOMES) TATE M. 131 COL	200 11 5 11	CE BEFORE ADMISSION) OR TOWN	13#. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS	heffield Drive
MARYLL and within	15	THER'S NAME ERDISST	MIDDLE CAN	snell	IS. MOTHER'S MAIDEN NA		WAGNER
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., ING PHYSECIAN. The fave requires that the death certific contending physician. When the certained by the attending plan is the build-transit permit. Then please certained containing and month ingrights principle build-transition, or sentent manufact.		Canditions, if ony, which gove rise to immediate couse (a), stating the		0515	1 1		5 days
201 W ed by please rial, er		underlying cause last. PART 2 OTHER SIGNIFICANT	10 Acull	myelge			H Months
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Nr RECO	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{VES} \) NO \(\text{VA} \)
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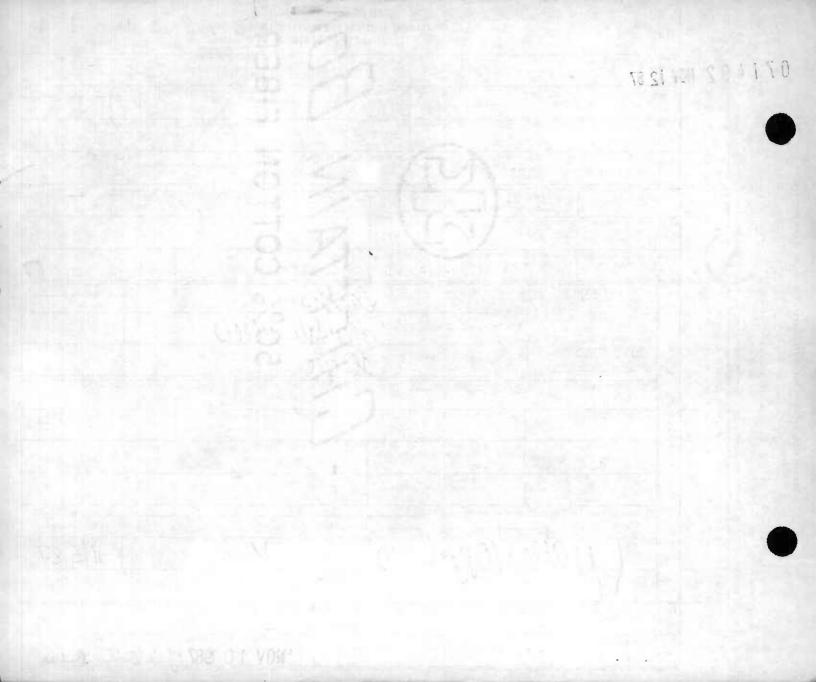
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2n DATE OF DEATH SECEASED NAME DAY YEAR 2b. HOUR poge 3 TYPE OR PRINTS Edwards November 11. 987 Mamie 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 4 RACE 5. DATE OF BIRTH 3. SEX DAYS HOURS 9 BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED irainia Baltimore City WIDOWED ID CITY OF TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 170 LISUAL OCCUPATION 17h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFET (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Baltimore Maryland General Hospital USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT LYES NO OR UNKNOWN) HE YES GIVE WAR OR DATES! APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY Cardiar IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE @ Conditions, if ony, which gave rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20a AUTOPSY 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 9n DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO Hygie 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART-2) 21a. ACCIDENT WAS UNDERLYING 716. TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED II LOCATION 21e PLACE OF INJURY à CITY OR TOWN COUNTY STATE (AT HOME STREET FACTORY, OFFICE FARM, ETC.) STREET NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased olive on, and that in (my) (aur) apinian death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the body after death DEGREE 77: DATE SIGNED 22b. SIGNATURE ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN MPORTANI 600 M 0 230 BURIAL, CREMATION, REMOVAL 23b. DATE 231 NAME OF CEMETERY OR CREMATOR 24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 (VRA 15, 4)



GR'	1.	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 7 GIENE	1 8 1 4
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- L		226. SIGNATURE	tet Kongrel	DEGREE ATTENDING PHYSICIAN I	MEDICAL STAFF DIRECTOR PHYSICIAN	WIS 87
ro Hospital etained by the TO Funeral should be deta with the State IMPORTANT:		22d. PHYSICIANS NAME ITHES	M. POINT)	22e ADDRESS		
BP		BURIAL, CREMATION, REMOVAL SPECIFY: Burial		NAME OF CEMETERY OR CREMATORY Butus Memorial Pag	23d. LOCATION CK Arbutus	Md Yang

DHMH - 16 60M 7/84 (VRA 15, 4)

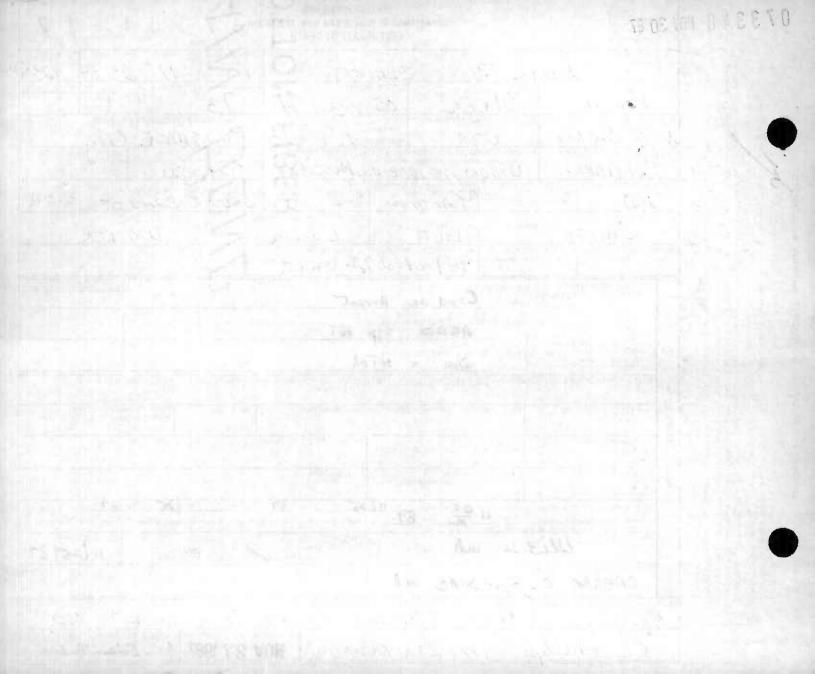
24 FUNERAL DIRECTOR WM. C. MARCH F/H 4300 WABASH AVENUE 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE his Divider Rendale



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TO HOSPIT TO FUNER TO FUNER Should be with the Sit IMPORTAN	230.	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	L 236. DATE	236 NAME OF CEMETERY OR CREMATORY WOODLAWN CEMETER		COUNTY MD
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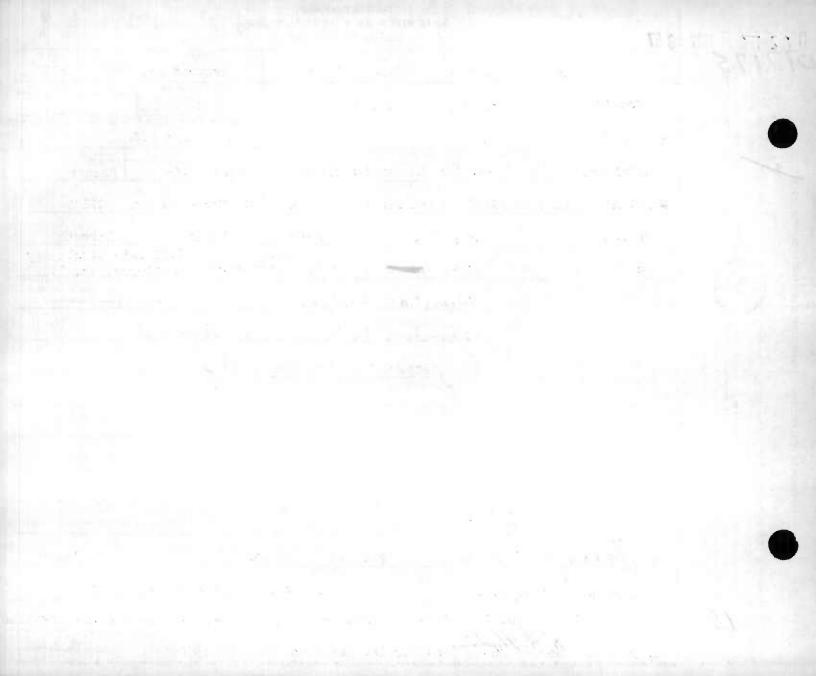
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ND 21:	#3q. 5	AL RESIDENCE (IF NURSING HOME OR OTH	HER INSTITUTION,	131. CITY OR JOW	/N	13d. INSIDE CITY LIMITS? YES XX NO []	13e STREET ADDRESS /	ZIP CODE dral Av	(20016	
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DIVISION OF VITAL RECORDS NG PHYSICIAN. The law requirements that the confector has been vigous than the boolphronesis permit. The hand Melliol Hygiere prior to the and Melliol Hygiere prior to be orked or him. 18 sticks only report	MEDIC	21d INJURY OCCURRED	21e. PLACE (OF INJURY IEET, FACTORY, OFFICE, I	ARM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
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DHMH - 16 60M 7/B4 (VRA 15, 4)	24 F	E.L. Phillip	1721-27 N. Monrae ST. NOV 27 1987 Julia	STRAR'S SIGNATURE

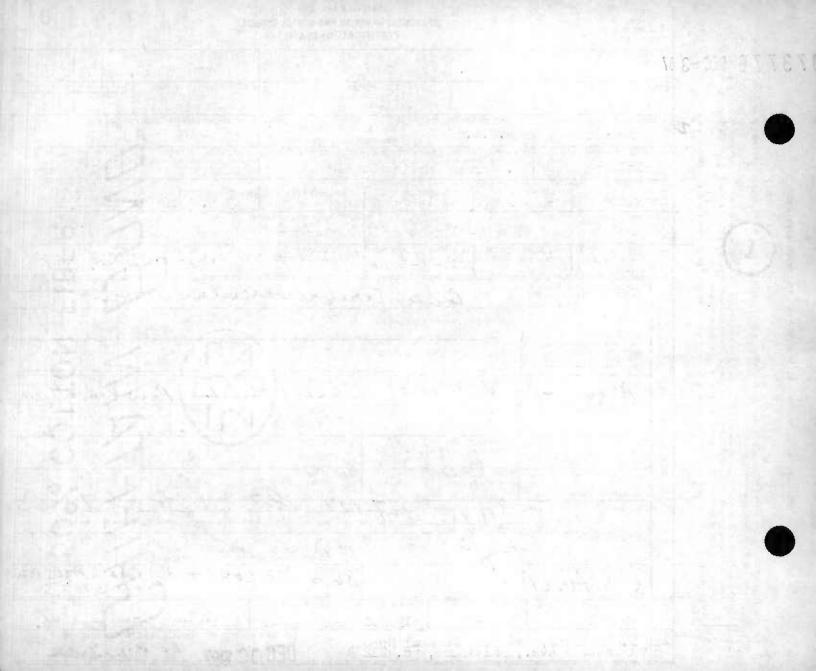


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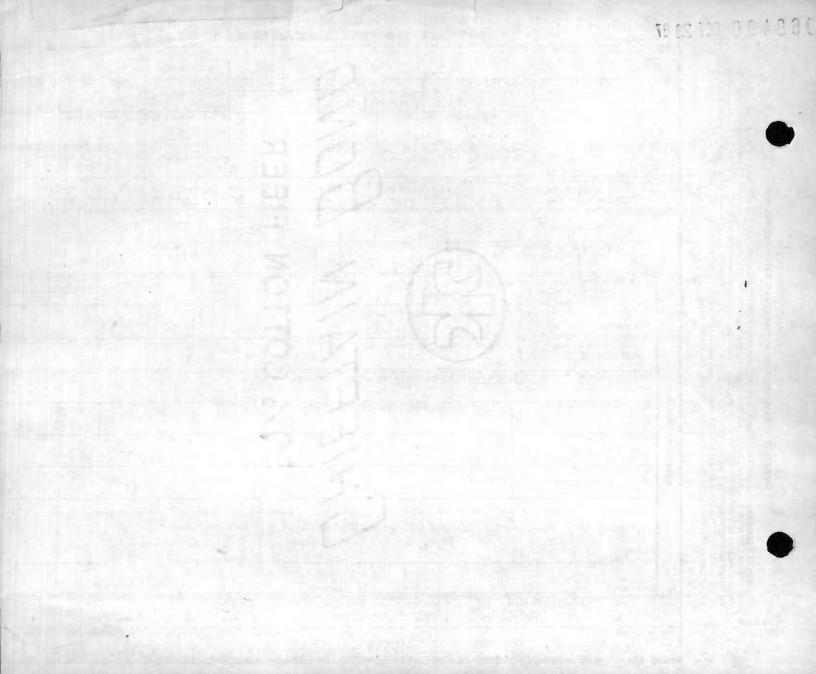
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE & - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST 2g. DATE OF DEATH MONTH 2b. HOUR YPE OR PRINT! CLARA L. ENGELBRECHTEN November 30, 1987 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 40211 051 Female White O BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVERMARRIED U.S.A. Maryland Baltimore City DIVORCED [WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Center (TYPE OF WORK FOR MOST OF WORKING LIFE)
Secretary INDUSTRY Baltimore Public Service MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY Baltimore 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland 623 E. 33rd Street 21218 YES X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Won Engelbrechten MIDDLE LAST Hugo Margaret BALTIMORE, 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. Vasilios Georgakis, (IF YES, GIVE WAR OR DATES) 214-40-5257A No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). erebrovascular acuran PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DIVISION OF VITAL RECORDS, 201 W. PRESTON ST DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse OTHER MONIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY 20b. IF YES, WERE FINDINGS USED ā. IN CERTIFYING CAUSES OF DEATH? YES [NOF 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 9 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. MEDI 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION STREET CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK 220.1 certify that (I) (this hospital) attended the despeed from saw the deceased of we a and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not show the e body offer death 22b. SIGNATURE DEGREE 22c. DATE SIGNED TTENDING MEDICAL STAFF should be deto with the State IMPORTANT: 1 PHYSICIAN PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, REMOVAL Burial STATE CITY OR TOWN 12-2-87 Holy Redeemer Cemetery Baltimore BP. Baltimore Md. Ann Barthews, Matthews Funeral Home 3021 Eastern Ave., Baltimore, Md. 21224 DHAH-16 30M 2/80 (VRA 15, 4)



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	COR. CURS. EET,	2.0	-	John 4. RACE		J,	Ev	ans			DEATH MATE		10-13 198	
	DIRECTION FIRM	1	ale	White	5: DATE OF BIRTH	43 LAST	(IN YEARS IF UI BIRTHDAY) MONT YRS.	HS DAYS	DAYS HOURS MIN PRONOUNCED		10-13	3- 19 8	37 7:45	
•	IS NECESSARY, PLEASE HE FUNERAL DIRECTOR. G. 5, FOR YOUR FILES. IED, WITHIN 72 HOURS W. PRESTON STREET,	M	BIRTHPLACE (ST OREIGN COUNTRY) aryland		U.S.A.	AT COUNTRY?		VED NE	VER MARRIE DIVORCE	D &	Baltim		UNTY OF DEATH	MD
	名用3円押り(10.0	Baltimo			PITAL, NURSING I LLITY, GIVE STREET ADD THEYSON	RESS)	HER INSTITU	TION	12ª USUA FORMO Pair	L OCCUPATION ST OF WORKING LIF	N (TYPE OF WO	ORK 1126 KIND OF OR INDU	JSTRY
21201	AND 3 TO AND BE HOULD BE RECORDS.	3a.	aresidence of state aryland	IF IN NURSING HOME COUN	OR OTHER INSTITUTION, GIV	Baltimo	DMISSION)	13d. INSIDE C	ITY LIMITS?	13. STREE	ADDRESS Patt	erson	Park Av	231 e.
RE, MD.	AND 2	0		Jnknown	WIDDLE	LAST		F		mown	MIDDLE		LAST	
IALTIMG	S AFTER SIVE PACES TH FOR PAGES	160.	WAS DECEASED YES, NO, OR UNKNOW	DEVER IN U.S. ARA	MED FORCES? WAR OR DATES)	217-40-		Jean	nette	Carmi	chae I,	Paris S	Patters	son
, 201 W. PRESTON ST.,	CUTED WITHIN 24 HOUS IN PENCIFY ITEM 18 EXAMINER AGES RIAL-TRANSITE PENCIF ID MENTAL		Candition gave rist couse (o) lying cous	ATH WAS CAUSED IMMEDIAT s, if any, which e ta immediate stoting the <u>under-</u> te lost.	(b) DUE TO, OR A	odeine AS A CONSEQUE	and a	N.			cation		APPROXIA	MATÉ INTERVAL NSET AND DEATH
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ONOF	THE WEST THE WOULD IN TO THE HOULD IN THE HO			Ö OR G □ CAUSE OF D		MONTH DAY	9 87 Su	bject			ure of injury in it			
DIVISION	WARDED WARDED WARDED AGE 3 SI FATE DEP	MEDICAL	21d. INJURY OF WHILE AT WORK		STREET, FACTO	FINJURY (AT HO DRY, FARM, ETC.)) M (E)	ME. 21f LO	CATION STREET S . F	Patte		Park,	, Bal	county timore	yland STATE City
•	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITH EXECUTE THE CRETIFICATE, WRITING THE WORD, "PENDING". IN PENCIP, PROGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER, TO FUNEAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. "RAN AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL BALLWORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR PR		22a. I certify death resulted ACTUAL SIGNATURE	/ 1/	e of the remains desc ay causes	ribed above, held Acciden ,	Suicide	, Homic			Inquiry,	Χ,	ATE GNED 10-13	3-87
	TO MED EXECUTI PAGE 4 TO FUN AFTER D BALTIME	230	EXAMINER'S N (TYPE OR PRIN	Cha	rles P. Ko		F CEMETERY O	ADDRESS_				Baltim	more,MD 2	1201
07/84 25M	BP845		Burial UNERAL DIRECT		10-17-87		more Ce	meter	y		imore		timore	Mď.
	DHMH - 17 (VR A15 ME (5))	A	nrr 6 Ma 3021	tthews, Eastern	Matthews Ave. Bal	Funeral timore,	Home Md. 212	24	OCT 2	1 198	7 A is	Tentas.	SSIGNATURE	4



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH 26 HOUR MARY J: 35 PM 3 SEX 4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 5. DATE OF BIRTH IF UNDER I YEAR **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED WIDOWED DIVORCED [CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OF INDUSTRY FOUR GEOR 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Carroll Smith Pearl Hurd **ADDRESS** 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OUNKNOWN) (IF YES GIVE WAR OR DATES) 212-22-4777 Judge William T. Evans 1617 Four Georges Ct APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: CARDINC ARREST Sdan 201 W. PRESTON ST. IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF MYOCARDIAL INFARCTION Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [216. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION STREET CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE AT WORK 11-1-87 22a.1 certify that (1) othis haspital) attended the deceased from_ sow the deceosed alive on Oobove. (1) we) (did) did not) view the body ofter death. , and that in my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNAT DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF MPORTANT: mun PHYSICIAN DIRECTOR PHYSICIAN 77e ADDRESS ld b M60 (71 (6077 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY (SPECIFY STATE Burial 11-9-87 Oak Lawn Baltimore Maryland Duda-Ruck Funeral Home of Dundalk [250, DATE REC'D, BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 7922 Wise Ave. Dundalk, MD 21222 (VRA 15, 4)

STATE OF MARYLAND

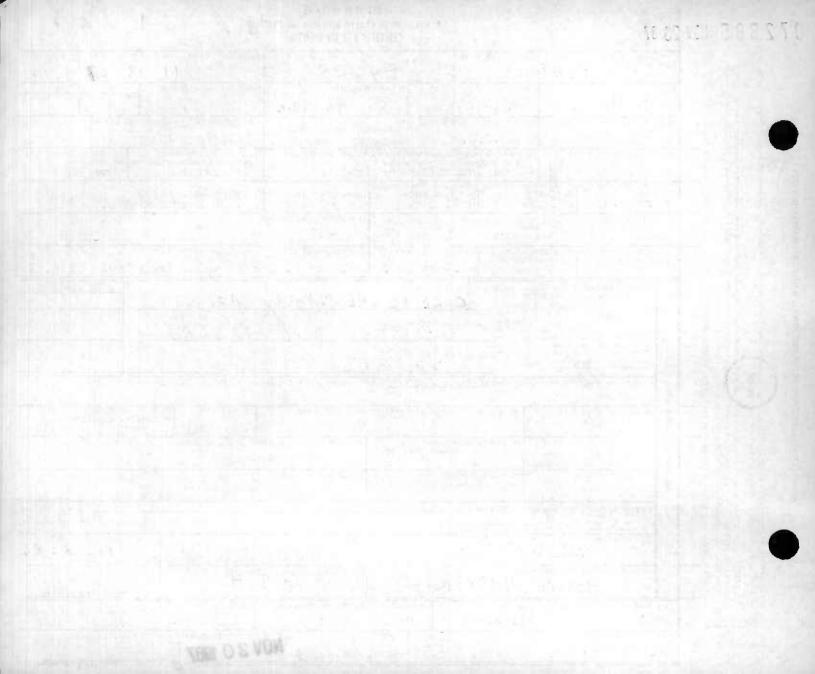
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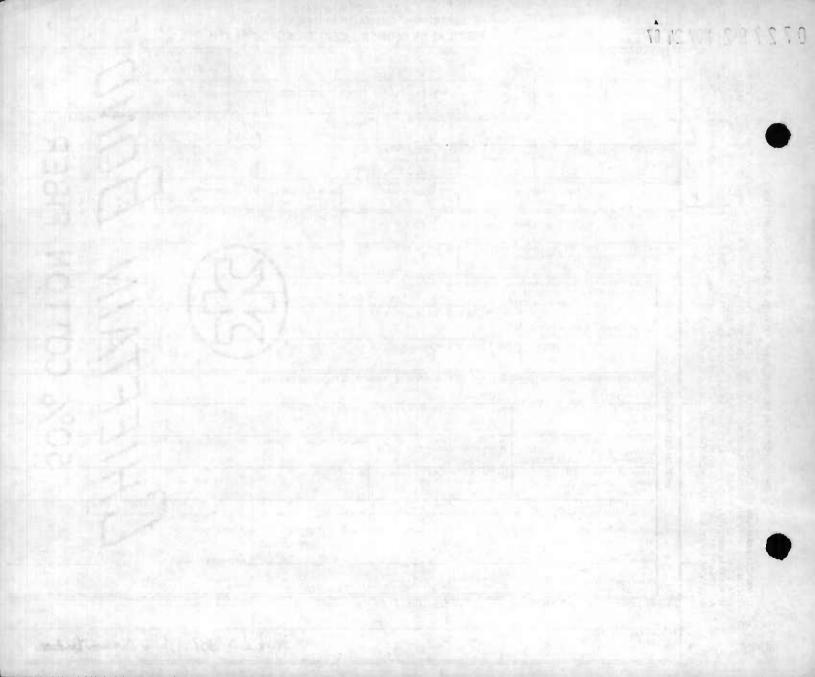
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		REGISTRAR			CEKIIF	ICATE OF DEATH	REG. N	0.	
m.e		CEASED NAME FIRST	BEATRICE	MIDDLE	L	AST EYLER	26 DATE OF DEATH	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	YEAR 26 HOUR
e 4 may be tor. page 3 offer death		BEA	TRICE		EY	LER		11 18.	87 4:30 PM
по п	3. SEX		4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER	
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nero nero	Ma	iryland	U.S.	.A.	WIDOWE		Baltimore	City	MD
offer of the control	10 CI	TY OR TOWN OF DEATH				OR OTHER INSTITUTION	126 USUAL OCCUPATI		CIND OF BUSINESS OR
	Ba	ltimore	Good	Samarita	n Hosp	ital	Homemaker		ustry wn Home
212 212 1 in b		AL RESIDENCE (IF NURSING IT	E CIE OTHER INSTITUTION	GIVE RESIDENCE BEF	ORE ADMISSION)		THE REAL PROPERTY.		
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So de le de la constante de la	Jo	hn FIRST	Herman	Lant	z	Ruth	E11a		Smith
complex of second of secon	16a W	/AS DECEASED EVER IN U.S.		166 SOCIAL SE		17. INFORMANT	ADDRE	SS	DIRECTI
MORE, n ond con pages I	No		GIVE WAR OR DATES)	212-36			orman -8312	Loch Pay	en Blvd.2120
e be						becey h. o.	CIMAII 0312		APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low capiers than the deoth certificate be executed within 24 hours rathending physicion. The buriol-transit permit increase remove corbon papers. Pages 1 and 2 should be fill the ond Mental Hygiene prior to buriol, cremotion, or removal. orked or Hem 18 show ony injury, or other traumatic event, the medical examine ribustible in the ribustible i		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAN	r only one couse per USED BY.	line for (o), (b),	ond (c).)	RESPIROTRY	1 40000-	86	TWEEN ONSET AND DEATH
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the low on. hos by permitting the principal of the princi	FIC	196 DATE OF OPERATION	196 COND	ITION FOR WHI	LH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFYING C	AUSES OF DEATH?
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HYSICIA anding ph his certification of them 1	CA	(IF EITHER NOTIFY MEDICAL EXAM	INER) P.	M.	19				
SION OF VI	MEDICAL	21d. INJURY OCCURRED	21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFIC	E, FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	wn cou	INTY STATE
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ENDING tol or off OR: After r use os ti Health o		22a.l certify that (1) (this ha		e deceased from	1	. 19	, to	., 19	, that (I) (we) last
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8 4 8 9 d		22b. SIGNATURE	0)			DEGREE			DATE SIGNED
by the by the SRAL D store District Co.		He	in	->		ATTENDING PHYSICIAN	MEDICAL STAI	IAN S	1-18-84
HOSPITAL inded by the FUNERAL build be det the the Store		22d. PHYSICIAN'S NAME (TY			1000	22e. ADDRESS	2 1/		The state of the s
TO HOSPITAL OF TO FUNERAL DI should be detoch with the Stote DR		MOSE	PH HUB	AYKA	H	6.	>, 11.	Ba1	to., Md.
Short	23o B	URIAL, CREMATION, REMOV				EMETERY OR CREMATORY	23d LOCATION	Dur	
BP	Bu	URIAL, CREMATION, REMOV SPECJEY) LTIAL	11-21-			ey Valley	Timonium	n, Balt	o., Md.
		INERAL DIRECTOR			York		E REC'D. BY REGISTRAR		
DHMH - 16 60M 7/84 (VRA 15 4)	Ru	ck Towson Fun	eral Home	Inc.	Towson	Md. 21204 NC	V 20 1987		



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 072792 NOV MEDICAL EXAMINER'S CERTIFICA REG. NO 1. DECEASED NAME 20. DATE KNOWN MONTH 26 HOUR (TYPE OR PRINT) ESTI-JOHN FALDATO DEATH MATED X 11-8-87 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS DAY 3 SEX IF UNDER 1 YR IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY) PRONOUNCED am DEAD 12 22 65 12:49 YRS 11-14-897 TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED EOREIGN COUNTRY Baltimore City WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126, KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! 3700 Gough Street Apt. 4 Baltimore SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) BALTIMORE, MD. 21201 In STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS BALTIMORE 3700 21224 YES X NO [GOUGH MD. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT (YES, NO. OR UNKNOWN) I HE YES GIVE WAR OR DATEST GEORGE MEDING - friend -18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PRESTON ST PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Hypertensive cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF ED AS A BURIAL - TRANSIT HEALTH AND MENTAL HYC Canditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION chronic alcoholism 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD." PAGE 4 SHOULD BE FORWARDED TO THE CHIEF AT EVENE AGES SHOULD BE USED AFTER DEATH WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIDE TO BURIAL, (HEAD ONLY 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21d. INJURY OCCURRED TIE PLACE OF INJURY (AT HOME, 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK HEAD DONLY) Autopsy 22a. I certify that I took Inspection and in my opinion death resulted from Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE SIGNED 11-14-87 Assistant SIGNATURE MEDICAL EXAMINER 111 Penn Street Charles P. Kokes, M.D. EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION 23¢ NAME OF CEMETERY OR CREMATORY STATE COUNTY 07/84 1.1 - 1.8 - 8.7Removal 25M 24. FUNERAL DIRECTOR 256 REGISTRAR'S SIGNATURE **DHMH - 17** State Anatomy Board Balto., Md. (VR A15 ME (5))



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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN'S

-	S	3	8

- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
TYPE OR PRINTS	WIDGLE	LAST		AY YEAR 2b. HOUR
	ames M. D.	Farber	11/11/87	840 AM
3. SEX	4 RACE	5. DATE OF BIRTH		IF UNDER TYEAR IF UNDER 24 HRS
Male	White	Dec. 16, 1907	79 YRS	ONTHS DATS HOURS MIN
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
MD	USA	WIDOWED DIVORCED [ty MC
O CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	126 KIND OF BUSINESS OR
Baltimore City	The Union Memo		Executive	Banking
JSUAL RESIDENCE (IF NURSING HOME OF 13b COUMD)		WN 113d INSIDE CITY LIMITS?	13e.STREET ADDRESS / 2120 116 W. Univers	Apt. 909 sity Pkwy.
FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN I	NAME	
Henry J.	Farber, J			Simon
160 WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SEC	CURITY NO. 17 INFORMANT	ADDRESS	
(YES, NO OR UNKNOWN) (IE YES, G	215 07	5429 Mrs. Ell	en S. Farber,	Same
	only ane cause per line far (a), 1b1, a	and (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (a) Cardiop	uluchany arrest	-	
	DUE TO, OR AS A CONSEQU	LIENCE OF		
Conditions, if any, which		monan embolish		
gave rise to immediate cause (a), stating the			SEREN EN EN EN E	
underlying couse last	DUE TO, OR AS A CONSEQU	rcinoma of the co	las	
PART 2 OTHER SIGNIFICANT	107		RMINAL DISEASE OR CONDITION GIVE	NI INI DADT 1 a
	20.10110110110110110110110110110110110110	DOWN DOWN OF MEDICAL PROPERTY	KINI WE DISEASE ON CO. IDINOIS ONE	TO THE TOTAL PROPERTY OF THE TOTAL PROPERTY
4 190 DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATION WAS PERFORMED		WERE FINDINGS USED
NO DATE OF OPERATION N 2 97 21a. ACCIDENT WAS UNDERLYING	Caranoma of	colon pullionary EM	bolus YES NOW YES	ING CAUSES OF DEATH?
210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM 18 PA	
		DAY YEAR		
OR CONTRIBUTING CAUSE OF D IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	211. LOCATION		
WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE	FARM ETC STREET	CITY OR TOWN	COUNTY STATE
	pital attended the deceased from	10/21/87 19		9 \$7 that (I) (1) ast
saw the deceased alive a			on death occurred an the date and hour	
22b. SIGNATURE	at) view the body after death.	DEGREE		224. DATE SIGNED
Gara Fees.	E Sager M.D.	ATTENDING		11/11/87
22d. PHYSICIAN'S NAME (TYPE		PHYSICIAN 22e ADDRESS	DIRECTOR PHYSICIAN	1,
	Sager, M.D.	The Union	Memorial Hospital	
230. BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATOR	Y 23d LOCATION CITY OR TOWN	COUNTY STATE
Burial	11/14/87	Green Mount	Balto.,	MD
24. FUNERAL DIRECTOR H.	.W. Jenkins	Sons Co.	ATE REC'D. BY REGISTRAR 256. REGISTE	Diorder Randage

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.



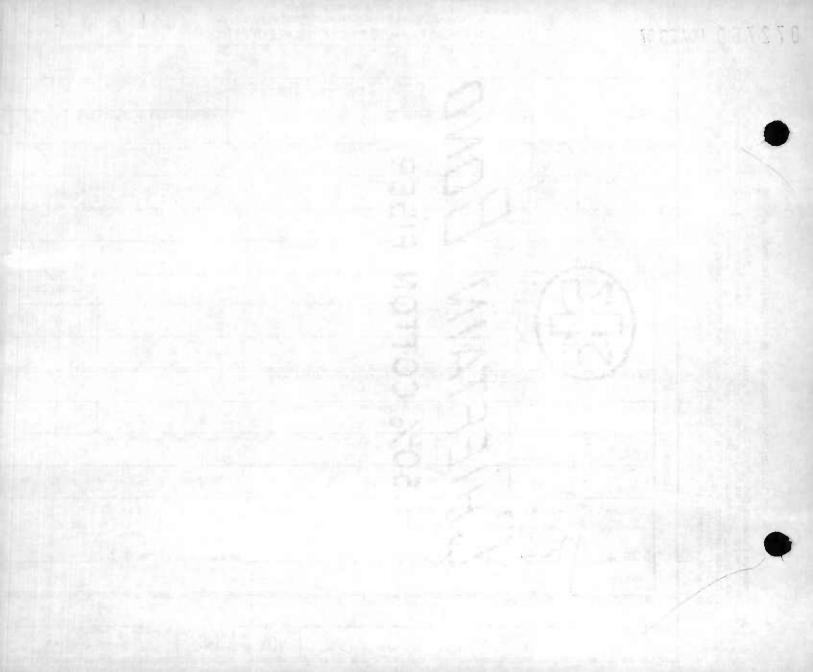
0 7	1	8	28	NOV	16	FOR DEPARTMENT OF HEALTH AND MENTAL HYGINE / STATE CERTIFICATE OF DEATH REG. NO.							3 1	5 2	9		
	9	90	death			CEASED NAME F OR PRINT)	Ver		Farmer		t	AST	November	MONTH D		2b. HOUR	
	6	you	er of		3. SE	X	4.1	RACE		5.		F BIRTH	6. AGE (IN YEARS LAST BE	RTHDAY)	F UNDER 1 YEAR	IF UNDER 24 HRS	
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	9		2 hou	2	7a. 8	RTHPLACE STATE OR FORE	IGN 7b.		WHAT COUN	TRY? 8		□ NEVER MARRIED □	9 BALTIMORE CITY	OR COUNTY	OF DEATH		
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102	V	rs offer	by the filled with	notified	10 CI	TY OR TOWN OF DEATH Baltimore	11.	Epiph:	HOSPITAL, NI CHEACILITY, GIVE ANY HOL	JRSING H STREET ADDR 180	FEEL	FOTHER INSTITUTION 510 York Rd.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Programer 12b. KIND OF BUSIN INDUSTRY Gen. Mot				
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	24 hours	24 1100	filled in ould be	6 13 16 13	13a. S	AL RESIDENCE (IF NURSING TATE 13)	HOME OR OTH	er institution	13c. CITY OR Balti	TOWN	1	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS 5752 Cedo	/ ZIP CODE nia AV	e. 2	21206	
RYL	i d		En A		IA FA	THER'S NAME	MIDE	nie.	LAS			15. MOTHER'S MAIDEN NAM	AE				
WA	2				1		rge G	reen	LAS			E l izabe	th Grace Ew	LA	ST.		
ORE,	N PC		aga	medica		AS DECEASED EVER IN	U.S. ARMEI		166 SOCIAL			17. INFORMANT	ADDR				
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NO	death ce ottending nove corby							,	R AS A CONS	FOLIENCE	F OF .						
EST						Conditions, if any, w	hich (1p)	ano	Hed	ax	New sclenosi	(
I W. PR	by the cose remo					gove rise to immed cause (a), stating underlying cause	the last.	DUE TO, O	R AS A CONS	EQUENCE	E OF						
5, 20	ĕ	ŝ	gned in ple burio	, , ,	_	PART 2. OTHER SIGNIFI	CANTICON	IDITIONS CO	ONTRIBUTING	TO DEAT	TH BUT	NOT RELATED TO THE TERM	NAL DISEASE OR CON	DITION GIVE	N IN PART 1	a	
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AL REC	The low	ion.	te hos be sit permit giene pri	1	CERTIFICATION	19a. DATE OF OPERATION	N	196. COND	ITION FOR W	HICH OPE	RATION	I WAS PERFORMED	20a AUTOPSY?	20b. IF YES, IN CERTIFY YES		NGS USED S OF DEATH?	
OF VIT	PHYSICIAN	g physic	S certificate I burial-transit	0		21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	E OF DEATH		FINJURY M. MONTH M.	DAY	YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	T 1 OR PART 2)		
NO.	HYS	ndin	5 4 7	5	MEDICAL	21d. INJURY OCCURRED	7	21e PLACE				21f. LOCATION	CITY OR TO	ha/h-l	COUNTY	STATE	
N I	SZ		fter t as the		>	WHILE NOT WHILE		(AI HOME, SIE	REET, FACTORY, OF	FICE, FARM, I	EIC)	/	CITTORTO	W14	CODATI	STATE	
	TTENDI	spital ar	for use of Health			22a.1 certify that (1) (this saw the deceased a abave (1) (we) (did)	live on	10/21	187	am	/20 , and	167, 19	, to leath accurred on the d	ote and havr		that (11) we) last causes stated	
	AL OR A	-C	AL DIRE			22b. SIGNATURE	long		nelo		N	ATTENDING PHYSICIAN P	MEDICAL STA	FF CIAN []	22c. DATE	SIGNED 2/22	
	HOSPITAL	etained b	should be deta with the State		4	22d. PHYSICIAN'S NAME VICTOR	1	VAN	IK A	1.D.		Brehms Land 1		3(11)	Roll M	ns 1014	
	0	9	F 2 3 3		23a B	URIAL, CREMATION, REA	AOVAL 2	3b. DATE		23c NAMI	E OF CE	METERY OR CREMATORY	23d LOCATION	- Fa	11		
		BP_			-	Cremation		11/13	3/87	G:	reer	Mount	Baltimo			STATE	
	DH		- 16 60M 7 RA 15, 4)	/84		NERAL DIRECTOR I TCHELL—WIEI	DEFELI	D HOME	INC.	ESS 6.	500	York Rd. 25 DATE NOV	REC'D. BY REGISTRAR 1 3 1987	25b. REGISTR	AR'S SIGNAT	Pandaes .	
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noy be page 3 r deoth	1. DE	CEASED NAME FIRST E OR PRINT) William		WIDDLE	Faulk	ner		November		1987	26. HOUR 2:00 PM
ector, po	3. SE	Male	A RACE Black		5. DATE OF BI		1 900	6. AGE (IN YEARS LAST BIR	THDAY) YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS
177	La	RTHPLACE (STATE OR FOREIGN COUNTRY) Ancaster, S.C.	USA	WHAT COUNTRY?	WIDOWED		RCED	BALTIMORE CITY O	R COUNTY	OF DEATH	MD.
3	Ва	altimore	11. NAME OF HOSPITAL, NURSING HOME OR OTH JENOT IN SUCH FACILITY, GIVE STREET ADDRESS) Pleasant Manor Nursing					120. USUAL OCCUPATI (TYPE OF WORK FOR MOST O			OF BUSINESS OR
hing filled in the more m	130.	AL RESIDENCE (IF NURSING HOME) STATE MD ATHER'S NAME		BALTO	N 13d	INSIDE CITY ES V	0 🗆	13e STREET ADDRESS 2115 Rid	gehi	ll Ave	. 21217
recuted within national sets and 2 sh	16a. \	GEORGE W. VAS DECEASED EVER IN U.S.		ER 16b. SOCIAL SECU	-17	FIRS		HOOD ADDRE	SS	LAS	ī
be executed on ond construction on ond construction or ond construction or one of construct	{	YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	218-01-9	9788 P.	leasant	t Mano	or N.C. 4615	Pk.		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAN ING PHYSICIAN: The low requires that the death certificate be executed within or attending physician ondocumpletely fit os the buriol-fronsit permit. Then please remove carbon papers. Pages it and 2, shouth and Mental Hygiene prior to buriol, cremation, or removal. orked or them 18 shows any injury, or other traumatic event, the medical examiner in the please.		Service London	JSEĎ BY: DIATE CAUSE (0)	0	umon	K					MAKINTERVAL ONSELAND DEATH
that the deat d by the offer lease remove c		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	(b) DUE TO, O	DR AS A CONSEQUE	NCE OF						
RDS, ZI equires or signe or to buri	NO	PART 2. OTHER SIGNIFICAN	IT CONDITIONS C	ONTRIBUTING TO E	//	TRELATED TO	THE TERM	INAL DISEASE OR CONI	DITION GIV	EN IN PART 110	01
The low reicion. The hos been nair permit. Trgiene prior shows ony in	CERTIFICATION	190 DATE OF OPERATION		DITION FOR WHICH	OPERATION W	AS PERFORM	ED	20a. AUTOPSY? YES NO	IN CERTIF	S, WERE FINDIN FYING CAUSES ES	NGS USED OF DEATH?
INISION OF VITA G PHYSICIAN: The otherding physicion per this certificate is the buriol-transit a and Mental Hygie rked or Item 18 sho	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMI	DEATH HOUR A.	.M. MONTH DA .M.	Y YEAR		RY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 F	PART 1 OR PART 2)	
DING PHY or offerthis e os the bu olth and M morked or	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC }	I. LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
R ATTENDING hospital or off hospital or off RECTOR. After hed for use as the ppt. of Health of tem 21 is market		22a.1 certify that (1) (this has sow the deceased alive above (1) (we) (did) (did	on 11-1	19			r) opinion d	, to	ite and hou	ur ond from the	
10 0 0 00 -		226 SIGNATURE	unzala	n	DEG	ATTE PHY	NDING SICIAN	MEDICAL STAF	F IAN 🗌	22c. DATE	SIGNED
TO HOSPITAL reformed by th TO FUNERAL should be deter with the Stote		22d PHYSICIAN'S NAME (TY	PUN	ZNIAN		5214	Hants	nd va. Bay	to. 1	21214	
BP		BURIAL, CREMATION, REMOV (SPECIFY) BURIAL	236. DATE 11/5		IAME OF CEME			23d LOCATION CITY OF TOWN BALTO.	MD.	COUNTY	STATE
DHMH-16 30M 2/80 (VRA 15, 4)		JNERAL DIRECTOR LERÖY O. DYE	TT 4600	LIBERT	Y HEIG	HTS	NOV	REC'D. BY REGISTRAR 1 0 3 1987	Julia Pulia	Durden.	Rudales

			FOR		STATE OF MARYLAND	- 1 1 1	2 7 1
7		1-	STATE	DEPA	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	SIENE /	0 0 1
7 6	50 NOV 138	7	REGISTRAR	MIDDLE	LAST	REG. NO.	
			CEASED NAME FIRST	MIDDLE	EFORT	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	noy be page 3 or death		Carole	~	TEPPER	11-	6-87 6:45R
	moy r. pag ter de	3. SE	4.	RACE / /	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
	ge 4	-	Fenale	White	4 26 41	46 YRS.	DATA HODRS
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	P 25	MCC	TY OR TOWN OF DEATH		ISING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
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BALTIMORE, MARYLAND 21201	A H H	U U	L RESIDENCE (IF NURSING HOME OR OT	HER INSTITUTION, GIVE RESIDENCE BE	FORE/ADMISSION)		· Junesiic
9	filled Solid is	13a. S	TATE 136 ODUNT	13 SITY OR T		13e STREET ADDRESS	- Let CT
ZY	ii Š	14 84	THER'S NAME	MA COL	15. MOTHER'S MAIDEN NA	178 30 MAY N F	-enty 12/09/
ARY	within pletely find 2 sho	1	FIRST	DOLE	FIRST	WIDDLE	11 11 LAST
*	P P P P	1	LAWrence	wind	roce ONIA	ADDRECC	4:1115
OR	and o		(AS DECEASED EVER IN U.S. ARMI ES. NO OR UNKNOWN) (IF YES, GIVE V	VAR OR GATES)		9830 RAIN	leaf Ct.
WE .	P G	(INKII -	051-32	- 2693 Alan FEddER	Columbia	md. 21046
BAIL	5 S S S		18 CAUSE OF DEATH (Enter only	one couse per line for (a), (b)	ond (c).) 1	/	BETWEEN ONSET AND DEATH
7 . 47	146 A		PART I. DEATH WAS CAUSED IMMEDIATE		Cerebral Hem	outage	7 DAYS
N	4 9 9 9 9 W			DUE TO, OR AS A CONSE	QUENCE OF	/	
EST	F 0.00		Conditions, if any, which	(b)			
W. PRESTON ST	by the atmost size remon catalon, crematics		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSE	OUENCE OF		
3	that d by ease ol, cr		underlying couse last.	(c)	active of		
DIVISION OF VITAL RECORDS, 201	10 0 0		PART 2. OTHER SIGNIFICANT CO		TO DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION G	IVEN IN PART 1(0)
SDS	9 S S O S	S O					
8		A	19a DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b IF Y	ES, WERE FINDINGS USED
22	ne law r an. has bee permit.	CERTIFICATION	10-31-87	Intra Care	Seal Henous has		IFYING CAUSES OF DEATH?
TI.	IG PHYSICIAN: The attending physician pret this certificate has the burial-transit p to not Mental Hygien wed at Item 18 show wed at Item 18 show	1	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM IS	
J.	SICIAN: TI ng physici certificate urial-transit leental Hygi		OR CONTRIBUTING CAUSE OF DEATH		DAY YEAR		
N	PHYSICIAN: ending physical this certifical te burial-trand A Mental Hy	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 216. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	211 LOCATION		
/ISIC	tr this the bund wond w	AE AE	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFF	CE FARM, ETC) STREET	CITY OR TOWN	COUNTY STATE
6	ENDING PHYSICIAN: The k ol or attending physician. RB: Atter this certificate has r use as the burial-transit per Health and Mental Hygiene is morked or Item 18 shaws			1	- 11-1	101106	19 E 2 that (I) (we) last
	TENDIN Dital ar TOR: Aff or use o		22a.l certify that (I) (this hospito sow the deceased olive on	offended the deceased fro		death accurred on the date and he	, (11 (110) 1031
	OR ATTEN the haspital DIRECTOR: oched for us Dept. of He		obove, (I) (we) (did) (did not)	view the body after death.	DEGREE	The second of the date on the	22c. DATE SIGNED
	he has DIREC Toched Dept.		Allo.	11. 1	ATTENDING	MEDICAL STAFF	M. DATE SIGNED
	O HOSPITAL OR AT TOINED by the hosp toined by the hosp to FUNERAL DIRECT HOUSE BELLING THE TOINED BELLING TH		4	XI TI	PHYSICIAN [DIRECTOR PHYSICIAN	116-01
	HOSPI pined b		226. PHYSICIAN'S NAME (TYPE OR P		22e ADDRESS	St Bo	Oct.
	etained by to FuneRal		/ 61:	sner	22 J. H	were I par	KY
	5 6 11 11 2 2	23a E	URIAL, CREMATION, REMOVAL		31 NAME OF CEMETERY OR CREMATORY	236 LOCATION	EQUITY STATE
	BP		BURIAL	9 NOV 87	ST. PHN'S CEMETERY	ELLICOTT CITY	Howard Md.
	DHMH - 16 50M 1/81	24 FL	INERAL DIRECTOR	,	25a DA	JE REC'D. BY REGISTRAR 256 REGI	STRAR'S SIGNATURE
	(VRA 15, 4)	SI	ACK FUNERAL H	ome Ellie	ott C. fy Md. 21093	1961 T 1981 8	wire flordern-Kondalis

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 072760 NOV ATE OF DEATH MEDICAL EXAMINER'S CERTIFIC REG. NO DECEASED NAME 20. DATE KNOWN 2h HOUR (TYPE OR PRINT) ESTI-CESSARY, PLEASE NERAL DIRECTOR. FOR YOUR FILES. VITHIN 72 HOURS PRESTON STREET, COLDIE FERRINI DEATH MATED 11 1510 87 4. RACE DATE OF BIRTH 6. AGE IN YEARS IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) 8:52 PRONOUNCED 01-08-1920 Black 17 19 87 Female DEAD 67 To BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED FOREIGN COUNTRY) USA Maryland Baltimore City DIVORCED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 28 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Retired Baltimore 412 Athol Ave. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30 STATE Baltimore 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore Maryland 412 Athol Avenue 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Heneretee MIDDLE Spriggs George An WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b. SOCIAL SECURITY NO ADDRESS I (IF YES, GIVE WAR OR DATES) Mary Jones 42 S. Carroll 216-18-3107 No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED EXECUTE THE CERTIFICATE, WRITING THE WORD, "PENDING" IN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXA TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. THER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND ME BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NOX 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 214 HOW INJURY OCCURRED SENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY AT WORK NOT WHILE AT WORK X 22s. Leertify that I took charge of the samolf Lideic and above, held an Nutura Couses X Homicide Undetermined manner TITLE (SPECIFY) Deputy Chief
MEDICAL EXAMINER DATE SIGNED 11-18-87 SIGNATURE EXAMINER'S N 111 Penn St., Balto., MD Dixon, TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 11 - 23 - 87Mt. Calvary Cemetery Burial Baltimore Maryland 07/84 25M 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE NOV 2 2 1987 24 FUNERAL DIRECTOR **DHMH - 17** P.O. Box 4433 Brown/Thompson F.H. (VR A15 ME (5))

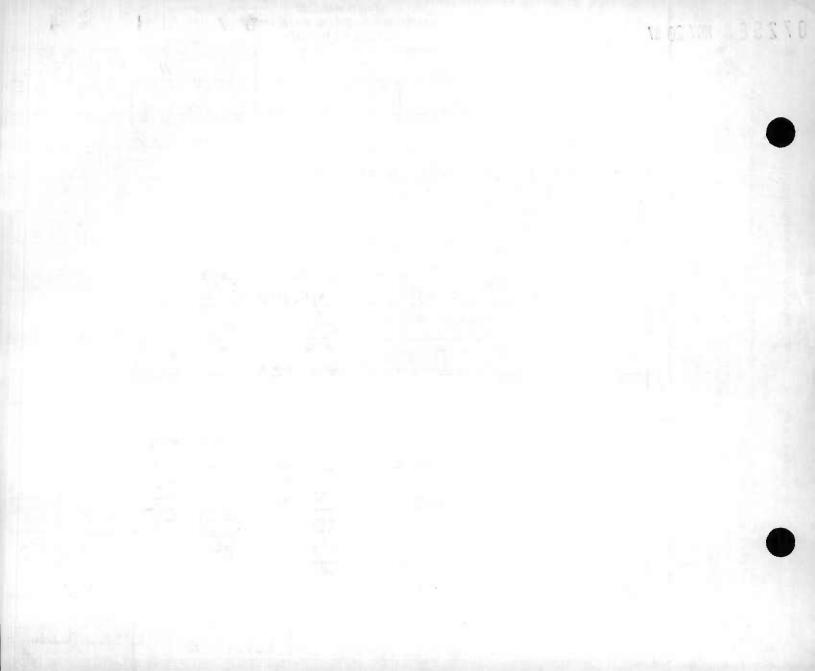


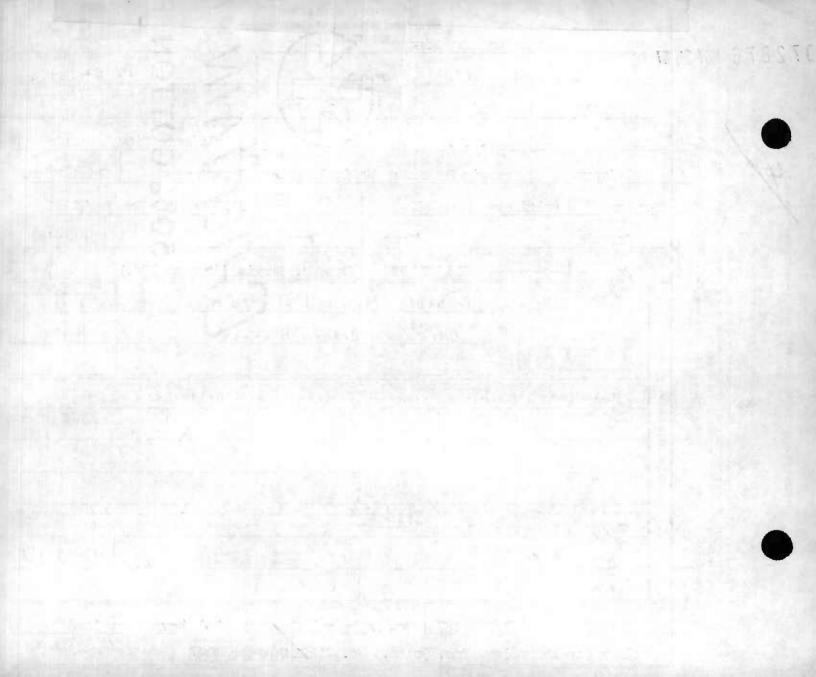
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STATE OF MARYLAND

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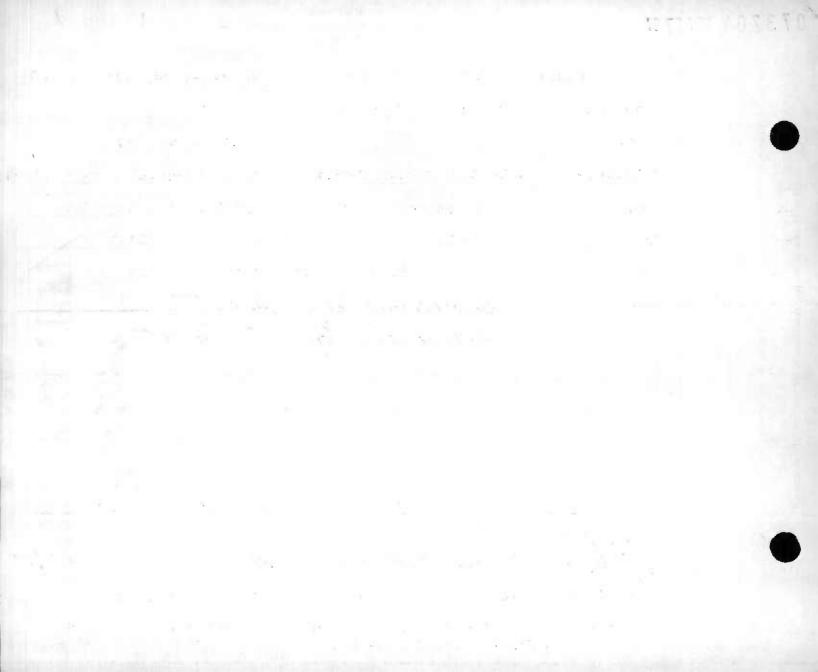
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n offer	by the	20	B	ALTO MD		ST. A	FACILITY, GIVE STRI	EET ADDRESS)	OTHER INSTITUTION	(1	120. USUAL OCCUPATION (126. KIND (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTR Baker Bake			
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vires that the	signed by the otter hen please remove o o buriol, cremotion,	ury, or other troumotic	z	gave rise to imm couse (a), stofin underlying couse PART 2 OTHER SIGN	g the last	(c)	AS A CONSEG		NOT RELATED TO TH	IE TERMINA	AL DISEASE OR CON	DITION GIV	EN IN PART 1	'a'
ne law req	n. permit. Th	100	MEDICAL CERTIFICATION	19a DATE OF OPERAT	ION	196. CONDITION FOR WH		HICH OPERATION WAS PERFORMED			IN CERTIF		S, WERE FINDINGS USED YING CAUSES OF DEATH? S \(\text{NO} \(\text{NO} \)	
ICIAN: T	g physicic ertificate ial-transi	5		21a. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDI	AUSE OF DEATH	21b. TIME OF HOUR A.M P.M	. MONTH	DAY YEAR	21c. HOW INJURY C	OCCURRED	ENTER NATURE OF INJU	RY IN ITEM 18 P	PART I OR PART 2)	
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AL OR A	o Do	IT: If hem		226 SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR								SIGNED/ 18/87		
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þ	ē ⊭±3 ΒΡ	₹	23a I	BURIAL, CREMATION, SPECIFY Burial	REMOVAL	23b. DATE 11/20/			emetery or crema Cemetery		23d LOCATION CITY OR TOWN Baltimore	e City	, Mary	land STATE
DHA	MH - 16 50M 1	/81	24 F	JNERAL DIRECTOR				> 212	27 - 12	250. DATE R	1 9 1987	25b. REGIST	PAR'S SIGNA	Randall.
	(VRA 15, 4)		An	brose Fune	ral Ho	me 1328	Sulphu	ır Spri	fig Rd.	MOA	1 9 1901	V	, , ,	





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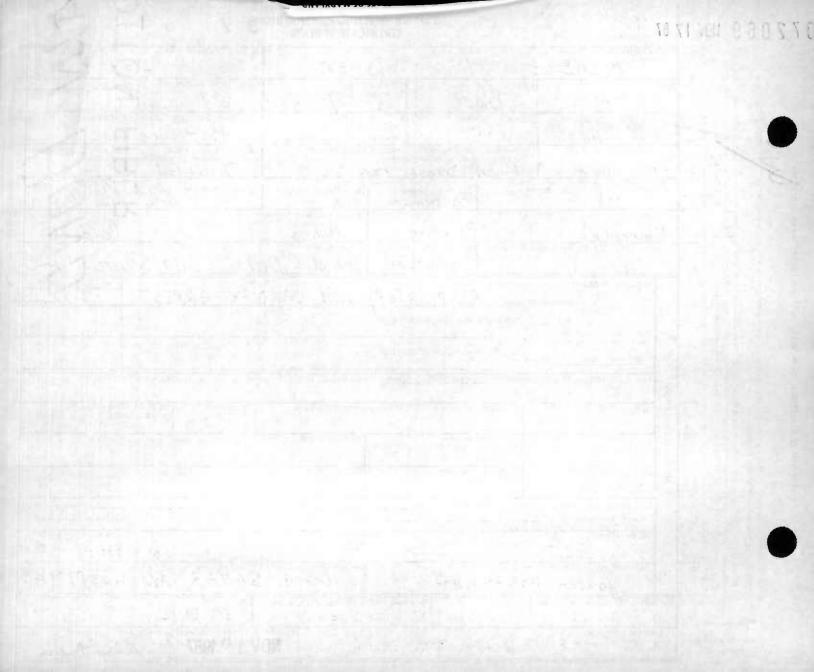
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-)	E CE	STRE	3 SE)	4. RACE	5. DATE	OF BIRTH	YEAR	AGE (IN YEA			UNDER 24 HR	S 26 DATE		HINOM		YEAR 2d HOUR
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	E ANY DELAY IS NECESSARY, PLEASE AND 310 THE FUNREN LO DIRECTOR.		13a. S	MD 136.	COUNTY	ASTRONOIS GI	113c CITY C	IMORE		YES TO I		74 N. C	SAREY	STRE	ET 21	217
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	ST.,	MIT.	135	18 CAUSE OF DEATH (Er PART I DEATH WAS C	iter anly one co AUSED BY:				,			196			BETWEEN	MATE INTERVAL ONSET AND DEATH
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	MECH NEC	ANG		PART 2 OTHER SIGNIFICANT CON	OITIONS CONTRIBUT	ING TO DEATH I	UT NOT RELATE	O TO THE TERMI	NAL DISEASE	OR CONDITION GIV	VEN IN PART 1 (0)					
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	DIVISION OF VITAL S CERTIFICATE SHOU RITING THE WORD PAPER TO THE CHIEF	TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	CALC	UNDERLYING OR	E OF DEATH	HOUR A.M.		DAY YEAR					10000,000	The same of the sa		
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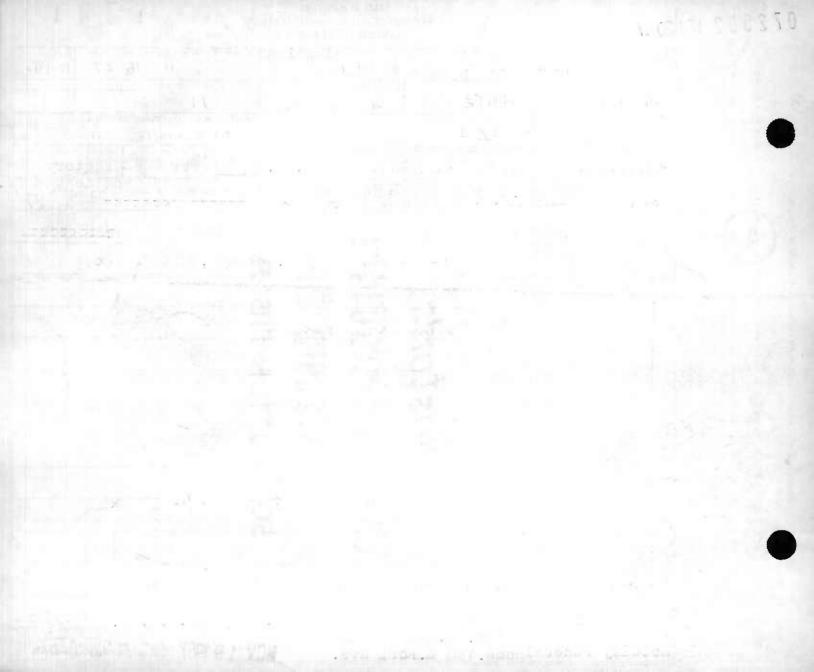




STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7 2 4 4 2 NOV 19 87 STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) Glenn E Flannery DEATH MATED XX 19 87 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d HOUR YEAR LAST BIRTHDAY) 10:35 PRONOUNCED 1987 Male 3 1945 42 YRS Cauc. DEAD D. M To. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. DIVORCED X Baltimore City, Kentucky WIDOWED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION ITYPE OF WORK 126. KIND OF BUSINESS I IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY Baltimore 1100 E. Fort Ave. - 2nd floor Disabled Self SUAL RESIDENCE (# IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a. STATE 13c CITY OR TOWN 13b. COUNTY 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore NO [1100 E. Fort Avenue 21230 Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Talmadge Flannery Mary Catherine Sargebt 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT (IF YES, GIVE WAR OR DATES 406-58-8039 Mrs. Shirley Mullens - 129 S. East Ave. 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to Chronic Pancreatitis with Diabetes Mellitus 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21 LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE CITY OR TOWN COUNTY STATE WHILE AT WORK EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR, PATER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2 22e. I certify that I took charge of the remains described above, held an Autopsy Inquiry Undetermined manner TITLE (SPECIFY) Assistant 11-12-87 EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn St., Balto., Md. 21201 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION Baltimore Maryland Cremation 11/16/87 Green Mount 07/84 C'D BRED BAR TOURE REGISTEARE SIGNATURE 25M 24. FUNERAL DIRECTOR **DHMH - 17** Walter Dabrowski - 1005 Dundalk Avenue 21224 (VR A15 ME (5))

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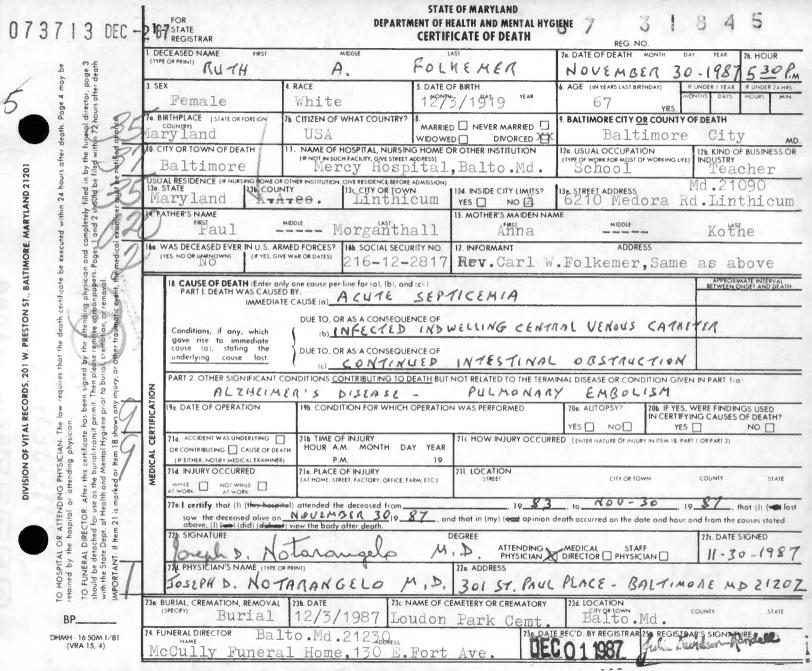


FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 20. DATE OF DEATH MONTH TYPE OR PRINT! △ melia IF UNDER 1 YEAR 3. SEX 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS MONTH VE AR **BALTIMORE CITY OR COUNTY OF DEATH** 7a...DIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) BALTIMORE Maryland USA WIDOWED DIVORCED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ITYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY ALTIMORE Homemaker SECOURS HOSPITAL DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ISUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIME RESIDENCE BEFORE ADMISSION 13b. COUNTY-13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland AALTO. S. Bentalou YES X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE LAST FIRST John Niemeyer Christina Sorensen ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT (YES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATEST 7606 Stoney View Dri No Edward S. Niemever. APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER-SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PAR CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? ed. NO Hyg 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH and Mental MEDICAL uriol-Hem (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 00 21d INJURY OCCURRED 211. LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK 220.1 certify that (I) (this hospital) attended the deceased from sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove. (1) (we) (did) (did not) view the body ofter death 776 SIGNATHRE DEGREE-22c. DATE ATTENDING MEDICAL STAFF should be deto with the Stote IMPORTANT: I DIRECTOR PHYSICIAN PHYSICIAN 22d. PHYSICIAN'S NAME (THE DEPOSIT 22ª ADDRESS Bon Secour Hospital Dr. Gavosø 23d LOCATION 230 BURIAL CREMATION REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY CITY OR TOWN COUNTY 11/12/87 Baltimore BP. Burial Western Cemeterv 250. DIATE REC'D, BY REGISTRAR 256. REGISTRAR ASIGNATUR 24. FUNERAL DIRECTOR 21229 DHMH - 16 50M 1/81 (VRA 15, 4) Hubbard Funeral Home, Inc., 4107 Wilkens Ave.

STATE OF MARYLAND

STATE OF MARYLAND

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STATE OF MARYLAND

Mt Auburn Cemetery

DHMH - 16 60M 7/B4 (VRA 15, 4)

Wm. c. March F/H West 4300 Wabash Avenue

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24 FUNERAL DIRECTOR

250 DATE REC'D, BY REGISTRAR IS REGISTRAR'S SIGNATURE

Baltimore

25 HOUR

12% KIND OF BUSINESS OR

LAST

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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IF UNDER 24 HRS

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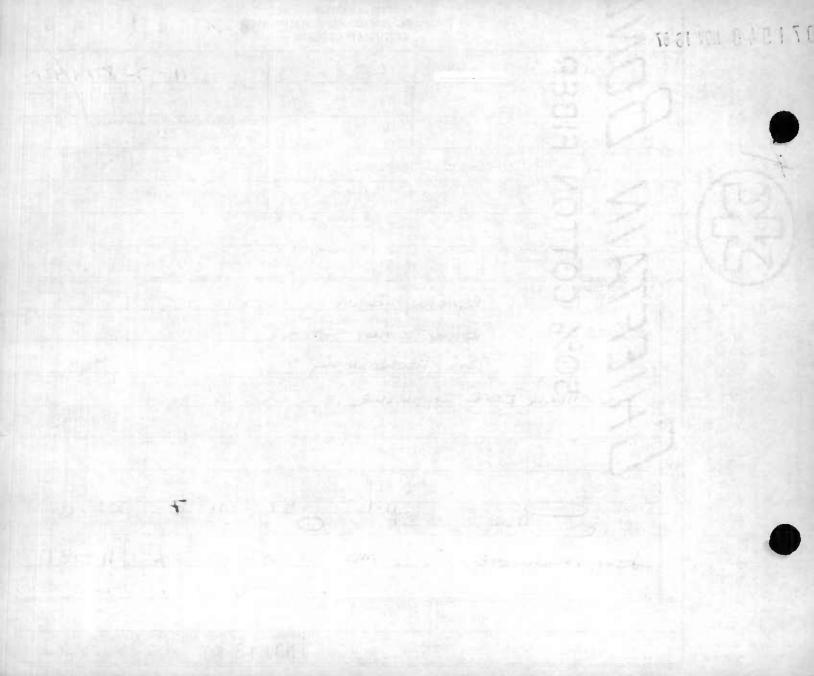
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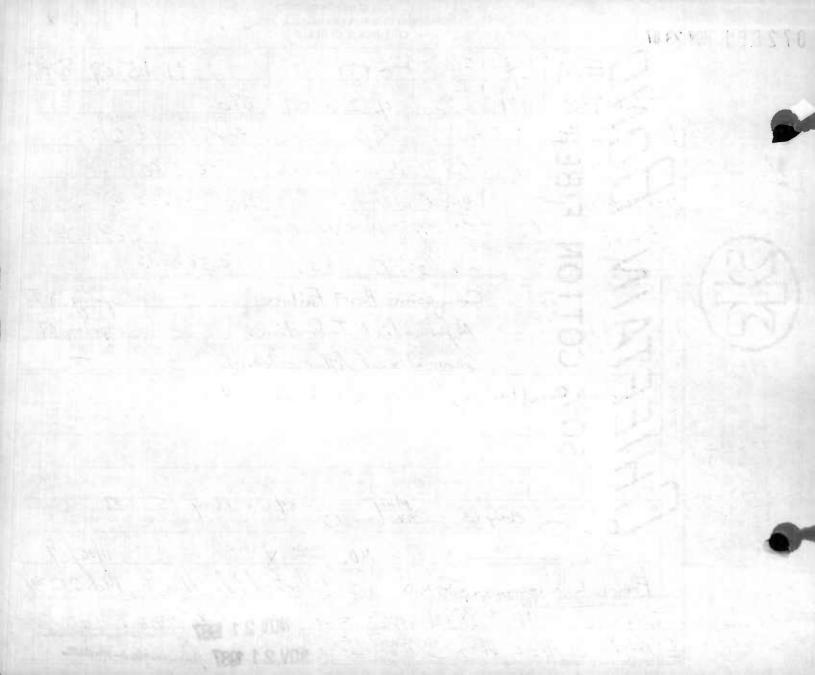
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STATE OF MARYLAND

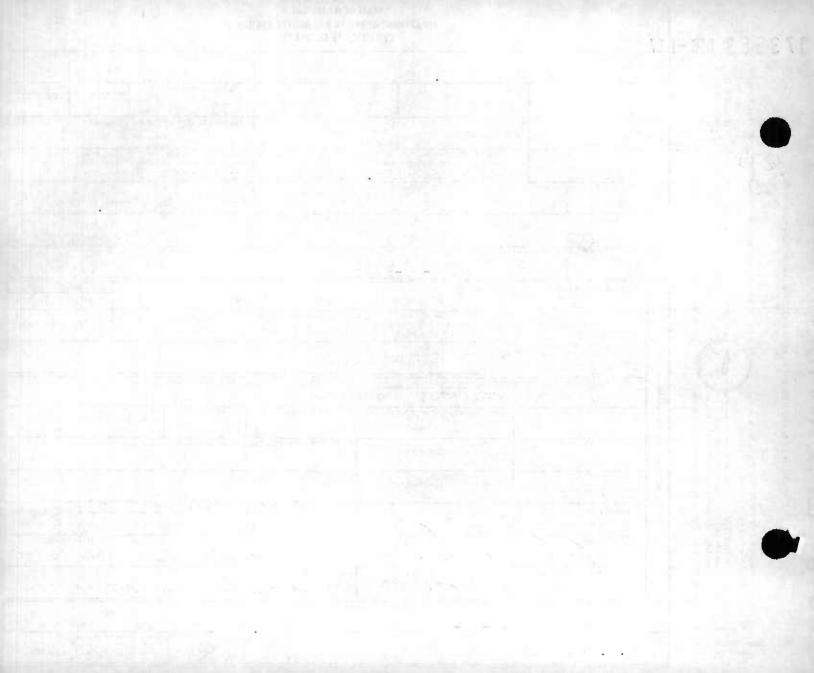




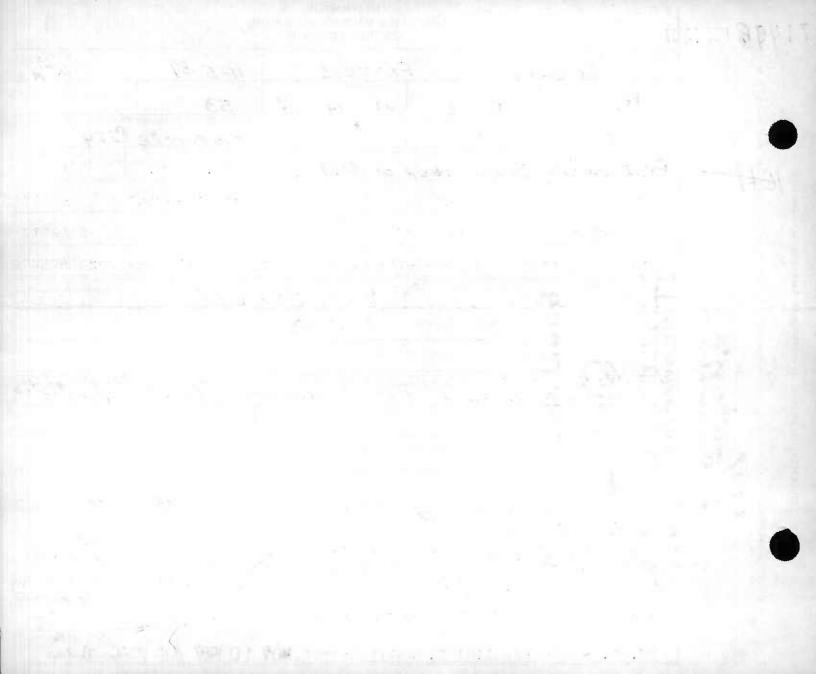
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DHMH - 16 60M 7/B4	24. F	UNERAL DIRECTOR			NON	ERE BB GB TRA ZILBECK	AND SIE CALLERY
(VRA 15, 4)	Jo	hn C. Miller, I	nc6415 Be	elair Rd2	1206		

1104 13 1887 Jun June 3 Julies

0 7 3 5 5 3 DEC -1	87	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	JENE 7 3 1	3 5 2
0100000000	1. DE	CEASED NAME FIRST	MIDDLE	LAST		DAY YEAR 26 HOUR
2 80	(III)	JOHN	W.	FOSTER	11	24 87 M
5 0d a	3. SE	X	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
4 000	N	MALE	BLACK	12 18 13	73 YRS.	MONTHS DAYS HOURS MIN
9 4 6 8 W	7a BI	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED X NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OFDEATH
192		IRGINIA	US	WIDOWED DIVORCED	CITY	MD.
PP AC	1	BALT IMORE	(IF NOT IN SUCH FACILITY, GIVE STREET 2328 ARUNAH	AVE. 21216	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	12b. KIND OF BUSINESS OR INDUSTRY
MD219	130. 5	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUNTY)	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION) VN 13d INSIDE CITY LIMITS?	13e STREET ADDRESS 2328 ARUNAH A	VE. 21216
1 100	14. FA	ATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ME MIDDLE	LACY
1 10		ARTHUR	FOSTER			EFFRESS
# # # # # # # # # # # # # # # # # # #	6a V	VAS DECEASED EVER IN U.S. AR	E WAR OR DATES)		ADDRESS	
1 1 1		NO	218-05	-9253 CHART		
rificate Lphylic npopel enovel; M	13	PART I. DE ATH WAS CAUSE	nly ane cause per line far (a), (b), and BY: TE CAUSE (a)	AROIN NEARUTI	· 0~	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
STON S lending recorbing on or a		Canditions, if any, which	DUE TO, OR AS A CONSEQU	ENCE OF KM7 DISCASE		YEARS
N. N.		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQU			
PDS, 201	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	EN IN PART 1(a)
At RECO.	THECATI	196. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
OF VII.	AL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D	AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18, P	ART 1 OR PART 2)
DIVISION OF Other Action on the buriol- th and Merita	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	211, LOCATION	CITY OR TOWN	COUNTY STATE
DI DISTRIBUTION OF TOR AH FIGURE OF TREATH			ottended the deceased fram 0.10241 0.10241 0.10241	87 , and that in/(my) (aur) apinian	, ta	19_07_, that (1) (we) last
A DIRECTOR A LEGISLA OF THE PROPERTY OF THE PR		27h SIGNATURE	serview the page after death	DEGREE	MEDICAL STAFF DIRECTOR PHYSICIAN	22c DATE SIGNED NOV 30 1997
O HOSPITA ettimed by TO FUNERA hould be de	1	22d PHYSICIAN'S NAME (TYPE O		22e ADDRESS	VOTUN BLUD, BA	
5 5 5 4 8 T	23n F	BURIAL, CREMATION, REMOVAL	03	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	a process
BP	(SPECIFY BURIAL		CEDAR HILL CEMT	BAKTIMORE	COUNTY STATE
DHMH - 16 50M 1/76	24 FU	JNERAL DIRECTOR		25a. DAT	E REC'D. BY REGISTRAR 256. REGIST	RAR'S SIGNATURE
(VR A 15 (4))		E.L. PHILLI	PS 1721 NORT	H MONROE STREET	30 1987 Julia d	Teridorn Rondord



. 04		REGISTRAR CEASED NAME FIRST OR PRINT)	N	AIDDLE	- 1	AST AST		00	ONTH DAY	Y YEAR	26 HOUR
pode pode	3. SE		1. RACE	0/	5. DATE C			6. AGE (IN YEARS LAST BIRTHD		UNDER 1 YEAR	IF UNDER 24 HRS
linector court.off	AF 0	RTHPLACE (STATE OR FOREIGN	B	WHAT COUNTRY?	MONTH	14	34	53	YRS	NTHS DAYS	HOURS MIN.
45	·	MD	USA		WIDOWE		ORCED	BALTIMORE CITY OR O	RE	C'T4	MC
11 42	P	altimense Cit		HOSPITAL, NURSIN H FACILITY, GIVE STREET		Balte	ITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W MAINT SUP	VORKING LIFE)	126. KIND OI INDUSTRY N	F BUSINESS OR
filled in ould be	13a. S	AL RESIDENCE (IF NURSING HOAD)	OR OTHER INSTITUTION, DUNTY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW BALTIMO	'N	13d. INSIDE CI	TY LIMITS?	130 STREET ADDRESS / Z 4215 CRAW	FORD	AVEN	UE 212
Michigan Market	14. FA	THER'S NAME DOUGLAS	WIDDLE	CRAWLE	ΕY	15 MOTHER'S	MAIDEN NA	MIDDLE		F	RANCIS
Poper Poper medicals	16a V	VAS DECEASED EVER IN U.S.	ARMED FORCES?	16h SOCIAL SECU		17 INFORMAT		ANCIS 4215		WFORD	AVENU
hysicio poper. en. th		8 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	r anly ane cause per USED BY:	fine far (a), (b)	40 1	ia	An	LEST		APPROXIA BETWEEN O	MATE INTERVAL
d de		IMME	DUE TO, OF	R AS A CONSEQUE	ENCE OF	170	1/101				
e die mater notite		Canditians, if any, which gave rise to immediate	(b)		7	SEN	73				
# ### # #		cause (a), stating the	DUE TO, OF	R AS A CONSEQUE	ENCE OF						
0000	1	underlying cause last	(عام ماد)								
trigged by Then please to burial.	NO	Wala.	TVENT SECO	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OF CONTOU	II GIVE	De Bary A	RIGH.
os buen rigored by bermit Then pleas w prior to buriel.	FICATION	Wala.	usynos	TION FOR WHICH	bob	els no	elh	206 AUTOPSY? 2	10b. IF YES, V	WERE FINDING CAUSES	OF DEATH?
Wystern ingraed by yystern has been ingreed by const permit. Then pleas thy yourse prior to build.	CERTIFICATION	PART OTHER SHAMES	19b CONDI	TION FOR WHICH	OPERATIO .	els No N WAS PERFOR	RMED	Sfall 200 AUTOPSY? 12	ROB. IF YES, VIN CERTIFYIN	WERE FINDIN NG CAUSES	GS USED OF DEATH?
Secure in the control of the control	100000	PART OF ENGINE CA	196 CONDI	TION FOR WHICH FINJURY M. MONTH D	OPERATIO .	els av	RMED URY OCCURE	Sfall 206 AUTOPSY? YES NO NO	ROB. IF YES, VIN CERTIFYIN	WERE FINDIN NG CAUSES	OF DEATH?
ato PRESELANI The lape requires tha after this certificate has been signed by for the buried fromist permit. Then pleas hand Mestelf Hygiene prior to busial. when 38 allows any injury, or of the contract of the second signers.	MEDICAL CERTIFICATION	PART OF PARTION PLATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	196 CONDI 196 CONDI 198 CONDI 216. TIME O HOUR A./ P./ 21e. Płace	TION FOR WHICH FINJURY M. MONTH D	OPERATIO AY YEAR 19	els No N WAS PERFOR	RMED URY OCCURE	Sfall 206 AUTOPSY? YES NO NO	ROB. IF YES, VIN CERTIFYIF YES	WERE FINDIN NG CAUSES	OF DEATH?
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IN ATTENDING PHYSICIAN. The law requires the hospital or attending physician. RECTOR: After this certificate has been signed by had for use as the businfactions permit. Then please the for use as the businfactionary permit. Then please that or Mealth and Mealth Hygiere prior to businfaction. Then please of the Course of t	100000	PART OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHALL NOT WHILE AT WORK	19b CONDI 19b CONDI 21b. TIME O HOUR A./ P./ 21e. PLACE (AT HOME, STRI 22spital) attended the	TION FOR WHICH FINJURY W. MONTH D. W. DF INJURY EET, FACTORY, OFFICE, F	OPERATIO AY YEAR 19 ARM, ETC.)	21c. HOW INJ	NAMED NAMED NAMED	206 AUTOPSY? 2 YES NO DE NOURY IN	ROD. IF YES, V N CERTIFYIN YES NITEM IB PART	WERE FINDING CAUSES	OF DEATH? NO STATE hat (I) (we) last
or the hospital or attending physician. The low-requires the by the hospital or attending physician. RAL DIRECTOR: After this centricion has been signed by detacked for use on the buriol from them them. Then pleas that Bogs to theolith and Meeting hygene prior to buriol. NI, It bem 21 is morked or them 88 shows any injury, or a	100000	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHIT NOTIFY HED AT WORK 22a.1 certify that (1) (this h saw the deceased alive above, M) (we) (did) (did 22b. SIGNATURE	19b CONDI 19b CONDI 21b. TIME O HOUR A./ HOUR A./ 21e. PLACE C (AT HOME. STRI aspital) attended the	TION FOR WHICH FINJURY W. MONTH D. W. DF INJURY EET, FACTORY, OFFICE, F	OPERATIO AY YEAR 19 ARM, ETC.)	21c. HOW INJ 21l. LOCATIO STREET d that in (my) (DEGREE	URY OCCURE N 19 our) apinion of THENDING HYSICIAN (1)	206 AUTOPSY? 2 YES NO DED (ENTER NATURE OF INJURY III	POD. IF YES, VN CERTIFYII YES NITEM IB PART	WERE FINDIN NG CAUSES (OF DEATH? NO STATE hat (I) (we) last
2 HOSPITAL OR ATTENDING PHYSICIAN. The low-requires the trained by the hospital or attending physicians. O FUNERAL DIRECTOR: After this certificate has been signed by hould be detectived to: use on the busing intermit. Then pleas that the State Digst of Mealth and Mealth Hygiene prior to busing. WPORTANT: If then 21 is marked or them is shown only injury, or on	MEDICAL	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHALL NOT WHALE 22a. I certify that (1) (this h saw the deceased all work), (we fidd) (did)	19b CONDI 19b CONDI 21b. TIME O HOUR A./ HOUR A./ 21e. PLACE C (AT HOME. STRI aspital) attended the and and per or PRINTI PE OR PRINTI	TION FOR WHICH FINJURY W. MONTH D. W. DF INJURY EET, FACTORY, OFFICE, F	OPERATIO AY YEAR 19 ARM, ETC.)	21c. HOW INJ 21l. LOCATIO STREET d that in (my) (URY OCCURE N 19 our) apinion of THENDING HYSICIAN (1)	206 AUTOPSY? YES NO THE NATURE OF INJURY IT CITY OR TOWN To Death accurred on the date MEDICAL STAFF	POD. IF YES, VN CERTIFYII YES NITEM IB PART	WERE FINDIN NG CAUSES (OF DEATH? NO STATE hat (I) (we) last causes stated



MONO C 1885 Ser pripare

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REG. NO 20. DATE KNOWN X (TYPE OR PRINT) ESTI-MARVIN S. FREELAND 10,0 87 DEATH MATED 3. SEX 4 RACE IF UNDER 24 HRS DATE PRONOUNCED LAST BIRTHDAY) 10 19 87 11 19 1957 29 DEAD male black BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore City ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS SUCH FACILITY, GIVE STREET ADDRESS)

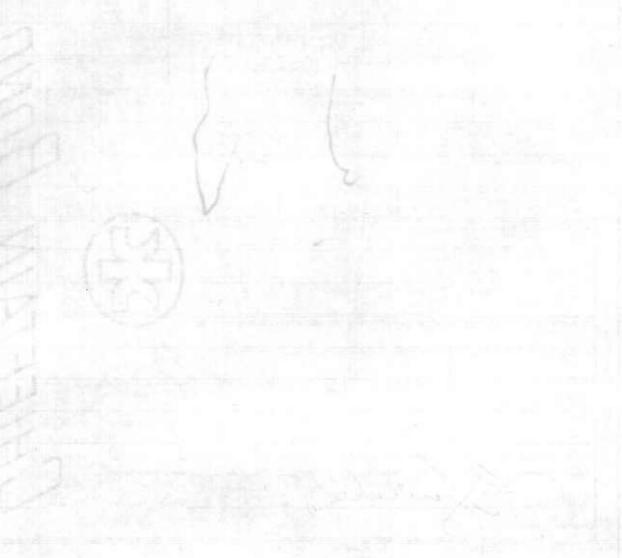
Spelman Rd. FOR MOST OF WORKING LIFE) Baltimore SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3n STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? N3e. STREET ADDRESS 1312 Myrtle AVenue 21217 Baltimore 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLE MIDDLE FIRST Chase Madeline Noble Freeland 17. INFORMANT George Freeland 1312 Myrtle Avenue 218-64-1100 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Multiple gunshot wounds of head and chest IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF CARE, WRITING THE WORD "PENDING."

FORWARDED TO THE CHIEF MEDICAL EXAMINER ALE

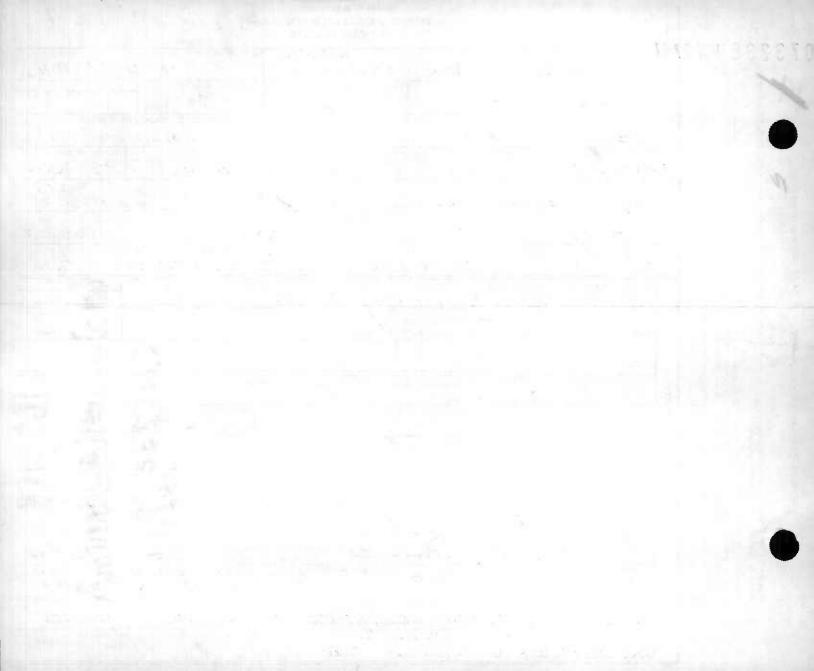
OR: PAGE 3 SHOULD BE USED AS A BURIAL TRANSIT

THE STATE DEPARTMENT OF HEALTH AND MENTAL HYG

NAID 31201 PRIGR TO BURIAL, CREMATION, OR REMON Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES 🔀 NO [216. TIME OF INJURY HOUR AND MONTH DAY YEAR 2:30-M. 11-10-19 87 21s. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 Subject found shot. CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211. LOCATION AT WORK AT WHILE STATE 2709 Spelman Rd., Balto. PAGE 4 SHOULD BE FORWAR!
TO FUNERAL DIRECTOR: PAGE
AFTER DEATH, WITH THE STATE
BALLIMORE, MAPAY building 22a. I certify that I taak charge of the remi Inspection X Undetermined manner TITLE (SPECIFY) DATE 11-11-87 Chief EXAMINER'S NAM Smialek, M.D 111 Penn St., Balto., MD 21201 ADDRESS 23c. NAME OF CEMETERY OR CREMATORY Garrison Forest Vet 11/16/87 Owings Md 07/84 24. FUNERAL DIRECTOR **DHMH - 17** March F/H West 4300 Wabash Avenue (VR A15 ME (5))



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENS - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST FRIEDMAN . DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINTS JANET FREIDMAN 10:16 AM MAR. IF UNDER I YEAR 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS MONTH YEAR /05 WHITE 11 13 To BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED MARYLAND MSAS. · BALTIMORE WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE TEACHER NURSERY SCHOOL SINAI H85 PITAL -USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 2/209 1136 COUNTY 13e STREET ADDRESS / ZIP CODE 134 INSIDE CITY LIMITS? 4LTIMOPE BALTI Most 7202 ROCKLAND HILLS 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE 1451 MIDDLE LIPSCHITZ LEVIN ABRAHAM FANNIE MRS. SONDRADPRESSCHERTOCK 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT NO OR UNKNOWN) HE YES GIVE WAR OR DATES! 21209 -10-639 1-B PIPE HILL CT. BALTO., MD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for 101, (b), and ic PART I. DEATH WAS CAUSED BY: Nesmi atores DUE TO, OR AS A CONSEQUENCE OF YMPHOMA Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to DIVISION OF VITAL RECORDS CERTIFICATION enn a 20a AUTOPSY? 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 211 LOCATION ö 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME, STREET FACTORY, OFFICE, FARM ETC.) NOI WHILE WHILE 22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death DEGREE 226 SIGNATURE 22c. DATE SIGNED MI ATTENDING MEDICAL STAFF with the Sic. PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS SINAI HOSP. of INT. MED should b C- Russ KENNETH BELVEDERE 0 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 236 DATE 23d LOCATION BURIAL MARYLAND BALTIMORE SICHTZUK AMONOV STR MOV.23,1987 SOL LEVINSON & BROS., INC. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 BALTO., MD 21215 6010 REISTERSTOWN RD. (VRA 15, 4)



			FOR	DEPART	MENT OF HEALT	H AND MENTAL H	JVEIENE"	T A	C 8
N72	086 NOV	بار	STATE		EXAMINER'S		OF DEATH	013	3 9
012	O O D MAA		CEASED NAME FIRST	MEDICAL	EXAMINER 3			REG. NO.	
			E OR PRINT)	***************************************		FRIDLE	· Or	ESTI- WONTH	DAY YEAR 26 HOUR
**	ASE OR. LES. TET,		Dustin	DEH	DAYNE	7	DEATH M	11.	3
4	Y, PLEASE IRECTOR. UR FILES. NISTRIET,	1	4 RACE S I	DATE OF BIRTH	6. AGE (IN YEARS)F L	JNDER TYR. IF UNDER	R 24 HRS. 2c. DATE MIN. PRONOUNCE	MONTH	DAY YEAR 2d HOUR
0	DIRE OUR	1	ele Phato 1	1-13-1987	YRS. C	7 26	DEAD	11-	9 19 87 10:25
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	FOR	-	had !	U.S.A.		WED DIVORC		more City	AAD
	2 TO 1	10 C	TY OR TOWN OF DEATH	NAME OF HOSPITAL, NU	RSING HOME, OR OT		120. USUAL OCCUPA		26 KIND OF BUSINESS
	\$ 18 18 40	B	altimore	St. Acres Ho		XX.	FOR MOSTOF WORKIN	G LIFE)	OR INDUSTRY
_	PAN NO TO	ØSU/	AL RESIDENCE (IF IN NURSING HOME OR OT			. /	Taur	6	21221
2120	Y OF THE PROPERTY OF THE PROPE	13a S	TATE	13 SCITY	ORTOWN	13d. INSIDE CITY CIMITS?	STREET ADDRESS	/	- DA
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*	1-885 J	14. 17	10 a	nous -	NDLEY, SR	15 MOTHER'S MAIDI	MIDD	OLE	DIASP 12210
ORE	B	77 6	L dward	- Jan 1 - 20	11	Perones	V layou	5 2011	Tangley Kl
W	PASSO O	10a. 7	VAS DECEASED EVER IN U.S. ARMED ES, NO, ORUNKNOWN) (IF YES, GIVE WAR		CIAL SECURITY NO.	THEORMANT	0	ADDRESS	2112/1
3	A HONO	mid	NU -			Ceronian	Varynor	201 Lan	along Id.
3	DV > C		IB CAUSE OF DEATH (Enter only or PART I DEATH WAS CAUSED BY	e cause per line far (a), (b), and (c).)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON ST.	ERMI ERMI ERMI ERMI AL.	7	9/30 IMMEDIATE C	Hano	jing				
STO	ALIA	r	1100	DUE TO, OR AS A CON	NSEQUENCE OF				
94	ANS ANS ALH REA	50	Conditions, if any, which gave rise to immediate	(b)					
` ≥	OR JAN W	100	cause (a) stating the <u>under-</u>	DUE TO, OR AS A COM	NSEQUENCE OF				
201	N. A. A. A.		lying cause last.	(e)					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	AANIC		PART 2 OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT REL	ATEO TO THE TERMINAL DISE	ASE OR CONDITION GIVEN IN PA	ART 1 o		
RECORDS,	E. WRITING THE WORD "PENDING" IN PRICIL IN ITER RWARDED TO THE WORD "PENDING" IN PENCIL IN ITER RWARDED TO THE CHIEF MEDICAL EXAMINER ALON FOR STANDING BE USED AS A BURNAL "FRANSIT PER STATE DEPARTMENT OF HEALTH AND MENTAL HYGIEF AND PRICE TO BURNAL, CREMATION, OR REMOVAL	Z							
RE	T CAA MED	MEDICAL CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATION	WAS PERFORMED?			20 AUTOPSY?
VITAL	MA THE STATE OF TH	F.	the state of the state of the	ON					
>	WORD WORD WORD WORD WINT OF	ERT	21a EXTERNAL CAUSE WAS	216. TIME OF INJURY	1216	HOW INJURY OCCURRE	ED LENTER NATURE OF INHUR	Y IN ITEM 18 PART 1 OF PART	YES XX NO
0	SHEDEN Y	0	UNDERLYING TOR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR SU	biect hung	with pacif	ier around	neck when
DIVISION	PAS SA S	Š	CONTRIBUTING CAUSE OF DEA	21e PLACE OF INJURY		<u>ib partiall</u>	ly collapse	d	
Ž	GERTIFO DED TO DEPAH	ME	WHILE - NOT WUILD	STREET, FACTORY, FARM, E	(TC.)	STREET	CITY OR TOWN		
D	WR WR	20	AT WORK AT WORK	Home	[2]	160 W. Pata	psco Avenue	, Balto.,	Md.
	ORV FE SI	D	22a I certify that I took charling	the remains described abo	ave held an Auto	psy Inspectio	on , Inquiry	and in my apir	nian
	EXAMINER CERTIFICAT OUD BE FOI DIRECTOR (, WITH THE MARYLAND		death resulted fram: Hatty of g	Accident	Suicide	, Hamicide .	Undetermined mann		
	EXAM CERTIF JLD BI DIREC WARYI		///	11-11	n	TITLE (SPECIFY)			
	S S S S S S S S S S S S S S S S S S S		ACTUAL SIGNATURE	KUI		MD Assistan	t_MEDICAL EXAMIN	DATE SIGNED	11-10-87
	SHE STAN		SIGNATURE.	1)		W.D. TIDDED GOLL	MEDICAL EXAMIN	IEK SIGNED	
	MEDICALE SE 4 SE A SE A SE A SE A SE A SE A SE		EXAMINER'S NAME Charl	es P. Kokes	M.D.	ADDRESS 111 1	Penn St., B	Balto., Md.	21201
	TO MEDICAL E EXECUTE THE CI PAGE 4 AND U TO FUNERAL D AFTER DEATH, N BATTIMORE, M	23a B	URIAL, CREMATION, REMOVAL 23b. D		MAME OF CEMETERY	_ADDRESS			- 1
		R	PECATION, REMOVAL 238. C	2-1007	The contract of the contract o	1	23d. LOCATION	COUNT	VI //
07/84 25M	4 BP	201	UNERAL DIRECTOR	141 / SA	usem Y linh	2 2 2 1250 DATE	REC'D BY REGISTRAD	35b. REGISTRAR'S SIG	GNATURE,
	DHMH - 17	(/)	MANUEL P	ADDRESS O	Ca - 14. 1	223 "NOV	1 4 6 1007	Julia Devideon	Parlace
	(VR A15 ME (5))	F12	a person y stone	mc. 401 H	olline IT				

07208889173 DEWASNE

		FOR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL H	YGIFĤE 7	3 1 8 5	5 9
93 NOV 198	71-	REGISTRAR		CERTIFICATE OF DEATH	REG. NO		
m 6		CEASED NAME FIRST	MIDDLE	LAST		MONTH DAY YEAR	2b HOUR
noy be poge 3		LORENA	STEETE	TRITTIS	1	1/14/87	7:27 _{PM}
E 60	3. SE		RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTH	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
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5 € 5 € 3 ₹			23b. DATE 23c. I	NAME OF CEMETERY OR CREMATOR	Y 23d LOCATION		
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DHMH - 16 50M 1/B1	24 F	UNERAL DIRECTOR		25o. D	ATE REC'D. BY REGISTRAR		
(VRA 15, 4)	LT	shard Francial He	ADDRESS	21229 NO	OV 1 8 1987	Julia Dividson.	Pandage
		ubbard Funeral Ho	ome, inc. 4107	Wilkens Avo	1 10 130/	0	7

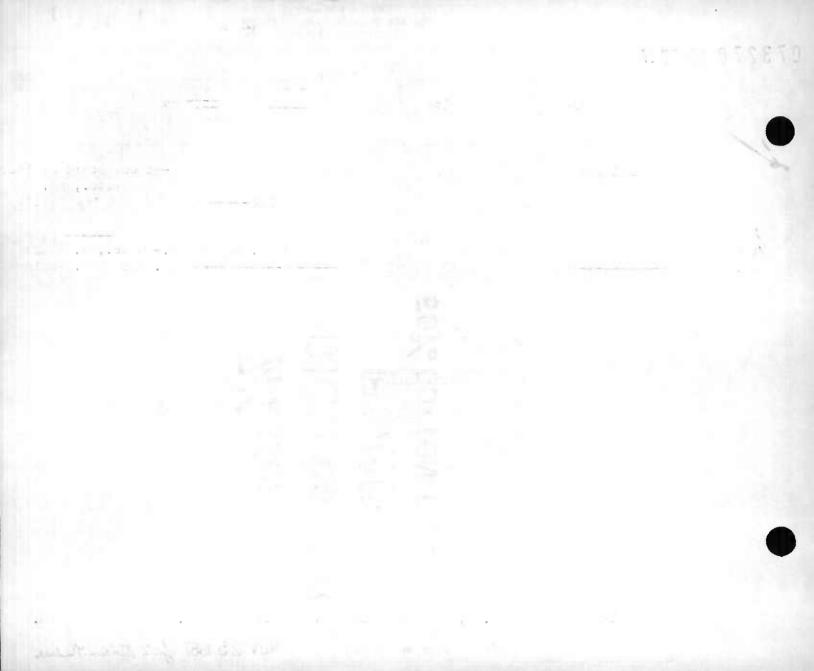
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				STATE OF MARYLAND		1 1 Z D
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	11	- STATE REGISTRAR		CERTIFICATE OF DEATH	9	
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rthin 24 hours the control of the co	USU 13a	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEF		? 13e. STREET ADDRESS	. Balto. Md.
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\$ (1 \\ 8 P		YES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES)	3687		rs. Dorothy M. Hawkins
E 1/5 2			1/-1/16		PL	
\$ 1 E E E E		18 CAUSE OF DEATH (Enter or	nly ane cause per line for (a), (b), DBY:	and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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Se de la Company	2	140. DATE OF OPERATION	198 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
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F F 8 2 X =		saw the deceased affive an	11/74 10		ion death occurred on the d	ate and hour and from the causes stated
TA STATE			it) view the body after death.		The second of the o	
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HOSPITAL red by 1 FUNERAL Life Store OBTANT:		22d. PHYSICIAN'S NAME (TYPE C	OR PRINT)	22e. ADDRESS		
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幸 で サ m m 当 4		BURIAL, CREMATION, REMOVAL	23b. DATE 23	. NAME OF CEMETERY OR CREMATOR	RY 23d LOCATION	
BP		Burial	Nov. 27, 1987	New Cathedral Ceme	tery Balto.	COUNTY STATE
	24. FJ	NERAL DIRECTOR \	3512			25b. REGISTRAR'S SIGNATURE
DHMH - 16 50M 1/B1 (VRA 15, 4)	16	16.40	ADDRESS		NOV 25 1987	Julia Devidon Pandall



DECEASED NAME

f.emale

To. BIRTHPLACE (STATE OF FOREIGN

ID CITY OR TOWN OF DEATH

Bertha

136 COUNTY

(IF YES, GIVE WAR OR DATES)

4 RACE

(TYPE OR PRINT)

altimore

14 FATHER'S NAME

Robert

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH 26 HOUR November 11, 1987 4:15 GAINES 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF LINDER 24 HRS 28 1902 85 black 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA Baltimore City WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12g USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)
Retired (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Marulan General Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130 STATE 1136 COUNTY 1137 CITY OR TOWN 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 21217 Baltimore 2871 Woodbrook Avenue NOF 15. MOTHER'S MAIDEN NAME Tolson Walker Mary ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 913 E. 43rd Street 212-36-3975 Beatrice Ranson APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Inferior wall, myocardial infarction Sepsis; right lower lobe pneumonia

(YES, NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO OR AS A CONSEQUENCE OF underlying couse status post skin flap for decugitus ulcer; PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION

malnutrition anemia

20h IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY?

IN CERTIFYING CAUSES OF DEATH?

NOXX

NO F 71a ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART TOR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

211 LOCATION 21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FARM, ETC.)

AT WORK NOT WHILE

22a. I certify that XI) (this haspital) attended the deceased from October 28, 19, 87, to November 11, 19, 87, those II (we) last

sow the deceased alive on __November_11_19_87___ and that in (My) (our) opinion death occurred on the date and hour and from the causes stated

23b. DATE

above, (1) (we) (did) (did not) view the body after death DEGREE

ATTENDING

PHYSICIAN DIRECTOR PHYSICIAN

CITY OF TOWN

22c. DATE SIGNED 11/11/87

STATE

STATE

Md

22d PHYSICIAN'S NAME (TYPE OR PRINT)

22b. SIGNATURE

23a. BURIAL, CREMATION, REMOVAL

Hashmi, Shosib, M.D.

22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY

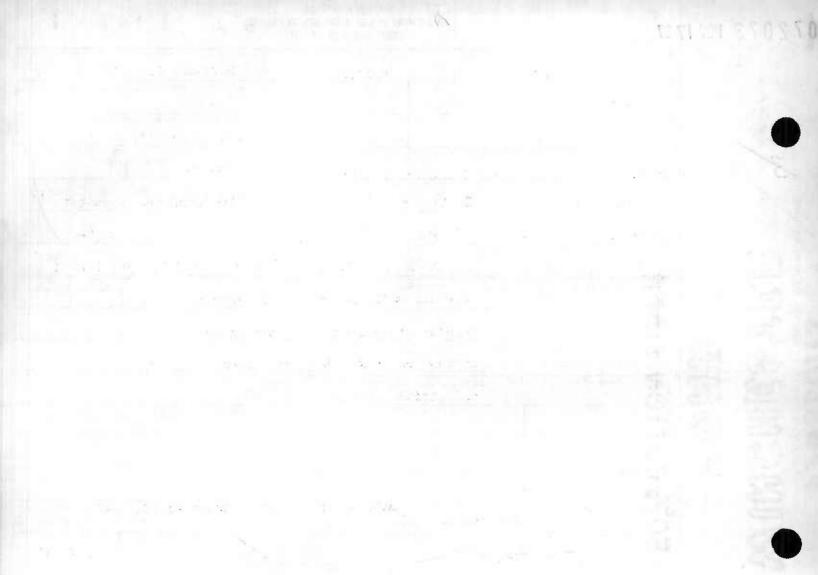
c/o Maryland General Hospital

Burial 11/14/87 Nat Memorial Park 24. FUNERAL DIRECTOR Wm. March F/H West 4300 Wabash Avenue

aurel 250 DATE REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Liles Devidson-Rondolls

DHMH - 16 60M 7/84 (VRA 15, 4)



VOID DEATH CERTIFICATE #87-31862



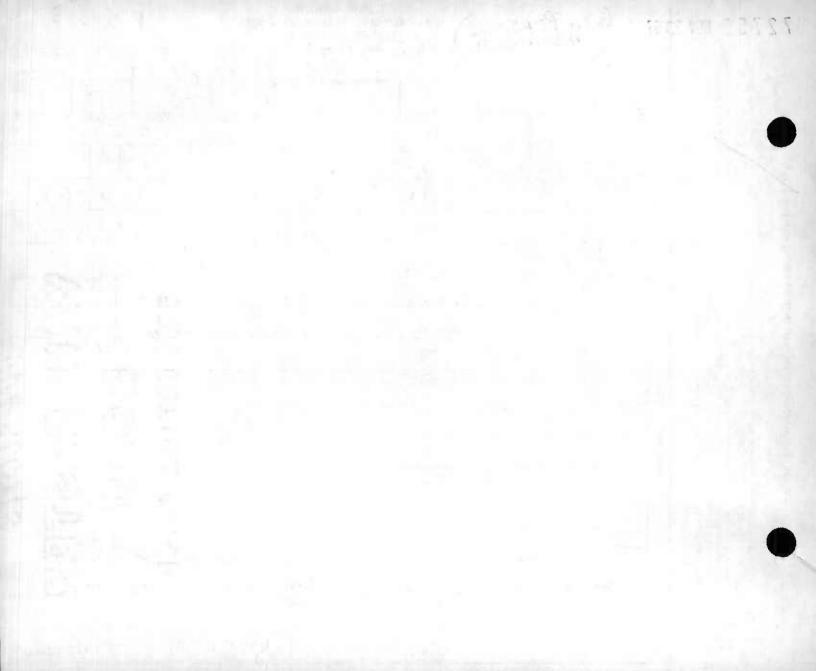
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out been sign of the control of the	CERTIFICATION	cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION	(c) CONDITIONS <u>C</u>	ONTRIBUTING TO D	DEATH BUT		20a AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE	DINGS USED ES OF DEATH?
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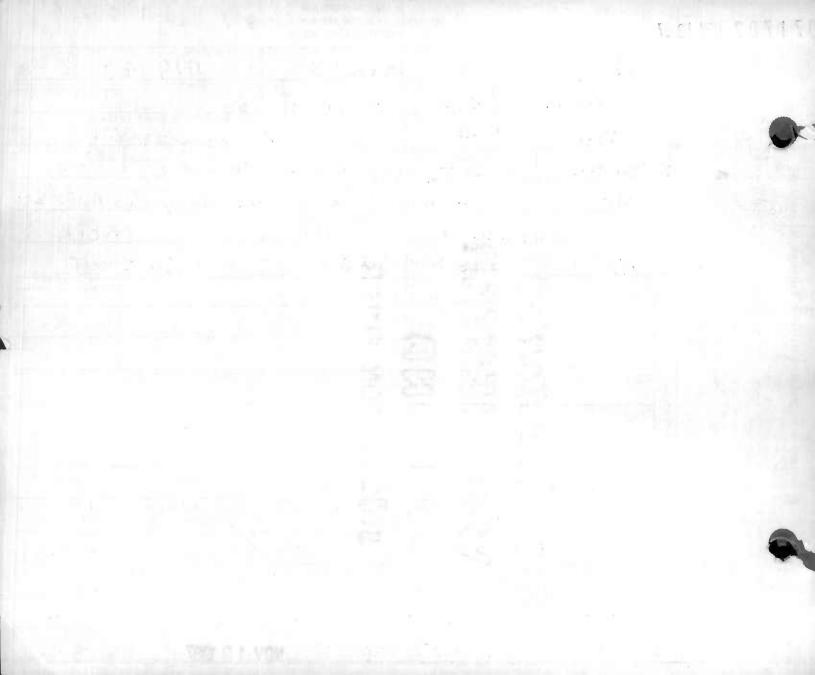
STATE OF MARYLAND

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			CEASED NAME FIRST , TOTAL TO DAY YEAR 26. HOUR
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	may pag er de	3. SE	4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR OF UNDER 24 HRS
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ORE	Poges Poges medical		ES, NO OF LINKNOWN) (IF YES, GIVE WAR OF DATES) 1, 2 -22 577
BALTIMOR	D 5. 6		Yes 1954 8/3-32-57/2 Mary Porter 1703 W. Mosher Street
BAI	certificate ng physici rban paper r removal.		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:
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EC	2 9 5 6 6	Ş	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
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ā	Afte as alth		220.1 certify that HT (this haspital) attended the deceased from 11 6 19 87, to 11/18 19.87, that HH (we) lost
	F He		sow the deceased alive an WILK 19 km, and that in (mu) (our) opinion death occurred on the date and hour and from the causes stated
	RECT RECT ed fr		above, (1) five) (did) (did not) view the body after death. 776. SIGNATURE DEGREE 776. DATE SIGNED
	the Contraction of the Contracti	-	ATTENDING MEDICAL STAFE
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	HOSPII FUNER Suld be that she st		
	TO HOSPITAL retained by t TO FUNERAL should be del with the State IMPORTANT;	-	THOMAS S. MILLER, MO BON SECONDS HOSPITAL
			PURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY STATE
	BP	100	Burial 11-24-87 Mt. Auburn Cemetery Baltimore, Maryland
	DHMH - 16 50M 1/81 (VRA 15, 4)		INERAL DIRECTOR 256. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE NOV 2 1 1087
	(400 13, 4)	B	rown/Thompson F.H. P.O. Box 4433 NUV 21 198/



67	2388 NOV	13	FOR TATE REGISTRAR			STA DEPARTMENT OF DICAL EXAMIN	HEALTH			YGIENE 3 FORTH REG. NO.	8 6 6
1/	ے میں نہ یب	1. D	PE OR PRINT)	ANDR	EA MA	RGARET	GARC:	T A		20. DATE KNOWN X MONOR OF ESTI-	-15-87 _o 26 HOUR
1	RECTOR RECTOR IR FILES HOUR STREET	3. SE		4. RACE	5 DATE OF BIRTH	4 AGE (IN YE	ARS I IF UN	NDER 1 YR.	IF UNDER	24 HRS. 2c. DATE MON PRONOUNCED	TH DAY YEAR 26 HOUR
6	ESSARY ERAL DII OR YOU THIIN 72	7a E	emale BIRTHPLACE (ST OREIGN COUNTRY)	White	March 4		0	IED 🔏 NEV	ER MARRI	DEAD 9. BALTIMORE CITY OR CO	
	THE FUN THE FUN AGE 5 F FILED, W	10.0	laryland Baltimor		11. NAME OF HOSPITAL, NURSING HOME, OR OTH (IF NOT IN SUCH FACILITY, GIVESTREET ADDRESS) 3214 Braclay Street				DIVORCI	Baltimore Cit 126 USUAL OCCUPATION (TYPE OF WO FOR MOST OF WORKING LIFE) HOMEMAKET	MID.
	AD. 21201 1. IF ANY DELAY IS NECESSARY, PLEASE 2.2, AND 3 TO THE FUNERAL DIRECTOR. 3. RETAIN PAGE 5 FOR YOUR FILES. 2. SHOULD BE FILED, WITHIN 72 HOURS ALRECORDS, 20) W PRESTON STREET,	USU		(IF IN NURSING HOME (OR OTHER INSTITUTION, G	PERESIDENCE BEFORE ADMISSING BALLIMOTE		13d. INSIDE (IT	TY LIMITS?	13. STREET ADDRESS 3214 Barclay	St. 21218
	AD. 2		ATHER'S NAME			Dareimore		15. MOTHE			36. 21210
	HE, M		FIRSTAnd	rew	J.	Bittner		FIR	Marg	aret	Walter
	BALTIMORE, MD. TITE ATTH. III THE STATE OF	160. N	WAS DECEASEI YES, NO, OR UNKNO O	DEVER IN U.S. AR	MED FORCES? WAR OR DATES)	216-56-36		Jose		Garcia Glen Burn	Court Circle ie, Md. 21061
	W. PRESTON ST., WHIN 24 HOLD ENCLE IN TIRA I. MINER ALONG TRANSIT PERMIT PRANSIT PERMIT PRANSIT PERMIT ON REMOVAL.		IR CALISE OF DEATH (Enter only one says one line for (a) (b)								APPROXIMÂTE INTERVAL BETWEEN ONSET AND DEATH
	NITAL RECORDS, SHOULD BE EXECORD CHIEF MEDICAL CHIEF MEDICAL BE USED AS A BUR IT OF HEALTH AN BURBLING CHEALTH AN BURBLING CREMATIL CREMATIL	CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDI	BUT NOT RELATED TO THE TERM				XT 1 (a).	20 AUTOPSY? YES ► NO □
	S CERTIFICATE SHOULD BE USED TO THE CHIEF SE 3 SHOULD BE USED TO PROPER SE 3 SHOULD BE USED SHOULD	MEDICAL CER		OCCURRED	DEATH P.M	MONTH DAY YEAR		OW INJURY (OCCURRE	D (ENTER NATURE OF INJURY IN ITEM 18 PART 1 O	R PART 2)
	DIVISIO THIS CERTIF WARDED TO WARDED TO PAGE 3 SHO TATE DEPAI 21201 PRIC	ME		NOT WHILE AT WORK		TORY, FARM, ETC.)		STREET		CITY OR TOWN	COUNTY STATE
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTE EXECUTE THE CERTIFICATE, WRITING THE WORD. "PENDING" IN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MEALTH OF WARYLAND, 21201 PRIOR TO BURIAL, CHEMATION		226. I certification of the second of the se	NAME (Name)	IP.	Kar	Autap icide	, Homici	ecify) stant	Undetermined manner ,	
	TO MEDIO EXECUTE PAGE 4 TO FUNE AFTER DE	730	TYPE OR PRI	TION REMOVAL		Kokes, M.D.		ADDRESS_		Penn Street 123d LOCATION	
07	7/84 BP		Cremat	ion	Nov. 16,1	987 Gr	eenmo	ount		Baltimore City,	
	DHMH - 17 (VR A15 ME (5))		NAME		d Home, I	6500 York nc. Balto.,			NOV	1 8 1987 Julia Da	SSIGNATURE



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STATE OF MARYLAND

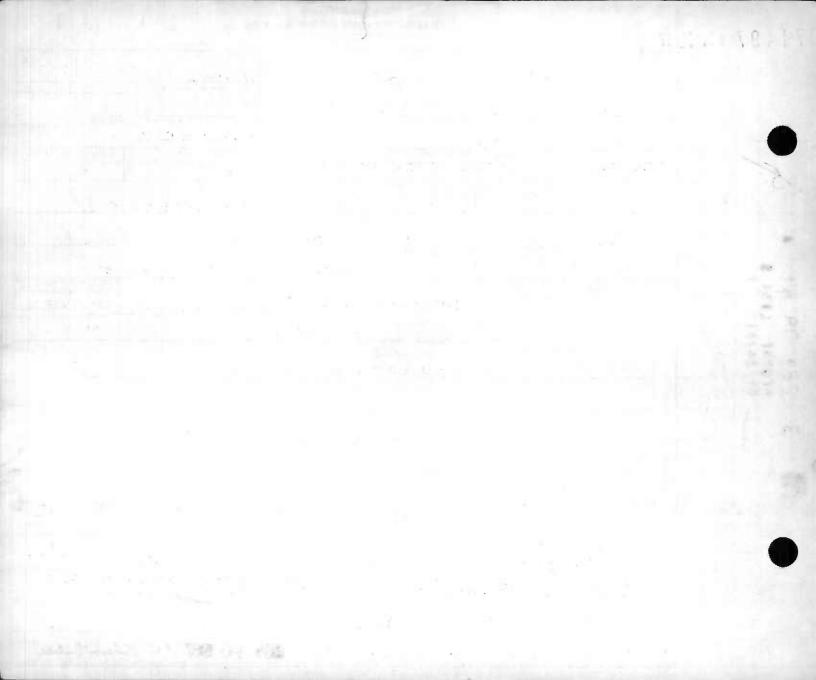
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

							REG. NO).				
		CEASED NAME FIRST	MIDDLE	L	AST		2a. DATE OF DEATH	MONTH	DAY YEAR			
	(TYPE	OR PRINT)	T77		d				2- 77	32	4	
		Myrtl			Genco			11 0	23 87	3	M	
	3. SEX	×	4. RACE	5. DATE C			6 AGE (IN YEARS LAST BIRT	HDAY}	MONTHS DATE	IF UNDER		
	_	Female	(a)hite	MONTH	DAY YEA	AR	72	VDC	MONIHS DATS	HOURS	MIN.	
И	7n BII	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	(2 8	10	3	9 BALTIMORE CITY O	YRS.	V OF DEATH			
ч		COUNTRY)	70. CITIZEN OF WHAT COOKIN	MARRIE	NEVER MARRIE	D 🗆	BALTIMORE CITT O	2/	OFDEATH			
1		Dalt. Md.	0 3/4	WIDOWE	D DIVORCE	DO		Dal.	tomore		MD.	
,		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS				12a USUAL OCCUPATIO		12b. KIND O	BUSINE	SSOR	
	I	Balto.	Francisciscost	LADDRESSIV	Hospita:		(TYPE OF WORK FOR MOST OF					
-	4						Housewife	<u> </u>	lown	lome	3	
2	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 136, COUN	TY 31. CITY OR TO		13d. INSIDE CITY LIM	ITS?	13e.STREET ADDRESS /	ZIP COD				
7		Md	Balti	more	YES IN NO		3215 E. Ba	alto	. St. :	2122	14	
400	14. F.A	ATHER'S NAME			15. MOTHER'S MAID				~ ~ ~ ,			
2			MIDDLE		FIRST		WIDDLE		LAS1			
1			Bowe	n	Unkno	own						
5		VAS DECEASED EVER IN U.S. AR.		CURITY NO.	17 INFORMANT		ADDRE	ss 2	1220			
	8	YES, NO OR UNKNOWN) (IF YES, GIV	214-18	-1263	Mr. Anth	hans	Genco l'		4th Rd			
			214-10	-120)	mi. will	TOTTY	delico 1	709.		_		
		18 CAUSE OF DEATH (Enter an	ly ane cause per line for (a), (b),	and (c).)	A				BETWEEN	NSET AND	DEATH	
		PART I. DEATH WAS CAUSE	ECAUSE (a) Cardio	pulmona	al Arres	1						
		IMMEDIA	E CAOSE (a)	1	7							
1			DUE TO, OR AS A CONSEC	UENCE OF	1	1	0.					
1	N	Canditions, if any, which	(1b) Chroni	2 06:	structive 1	U/man	- Discus	-			1	
1		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEC	LIENICE OF								
-1		underlying couse last.	DOE TO, ON AS A CONSEC	OFIACE OI								
1		DADY OF OTHER STORMERS	, (c)	D. D. C. W. L. D. C. W.								
_	2	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	D DEATH BUT	NOT RELATED TO TH	FIERWIN	NAL DISEASE OR CONL	IIION GI	VEN IN PART TIO			
	CERTIFICATION											
	CA	190 DATE OF OPERATION	196. CONDITION FOR WHIC	HOPERATIO	N WAS PERFORMED		20a AUTOPSY?		S, WERE FINDIN			
4	E						YES TO NOTE		FYING CAUSES	NO T		
5	ER	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		1214 HOW IN ILIRY O	CCLIPPE	D (ENTER NATURE OF INJUR					
2		OR CONTRIBUTING CAUSE OF DEA	LICHE A MA MONTH	DAY YEAR	210.110W 11430K1 C	CCORRE	D (ENTER NATURE OF INJUR	Y IN HEM 18	PART I OR PART 2)			
7	N.	(IF EITHER NOTIFY MEDICAL EXAMINER		19								
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY		211. LOCATION							
	2	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC)	STREET		CITY OR TOV	VN	COUNTY	5	TATE	
-		AT WORK AT WORK				4 100						
			tal) attended the deceased from		70 19	8 7	_, to	3	19_0/	hat (l) (v	we) last	
1		sow the deceased alive an abave, (1) (we) (did) (did na		47 , ar	ed that in (my) (aur) a	ipinian de	eath accurred an the da	te and hou	er and fram the o	auses sta	ited	
		22b. SIGNATURE	I) view par bady direi dedin.		DEGREE				22c DATE	IGNED		
1		1	11/		ATTEND	ING	MEDICAL STAF	F	11/2	3/4	7	
4		yponen	VI		PHYSIC		DIRECTOR PHYSIC		11/	3/0/		
		224 PHYSICIAN'S NAME (TYPE O	R PRINT)		22e ADDRESS							
П		- Jacon	67. 11:		FSK	Mo	edical Cen	10-				
-	00	2077	1 Ionanel 11		121			14				
	23a B	BURIAL, CREMATION, REMOVAL	1 1-		EMETERY OR CREMA		23d. LOCATION CITY OR TOWN		COUNTY	SI	TATE	
	, i	Burial	11/25/87 L	oudon	Park Cer	m	Baltimo	ore		Md		
	-	JNERAL DIRECTOR	21	224			REC'D. BY REGISTRAR		TRAR'S SIGNATI		100	
		John A. Mora	in. Inc. 3000	F. R	alto St	NOV	2.4 1007	aulia	Troider.	Ponda	44	
		11010	,	_ D	~100 00	HOA	- 100/	0				

DHMH - 16 60M 7/B4 (VRA 15, 4)

wohn as money, the 1000 cours and a single of the

STATE OF MARYLAND DEPARTMENT OF HOALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 2a DATE OF DEATH 2b. HOUR 1. DECEASED NAME poge 3 LITYPE OR PRINTS 1987 7:47 LISA GEORGE NOVEMBER 3 SEX 4 RACE 5. DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS MONTH DAY YEAR 81 FEMALE BLACK C BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY BALTIMORE CITY WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11, NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 176 KIND OF BUSINESS OR 120 USUAL OCCUPATION INDUSTRY BALTIMORE THE JUHNS HOPKINS HOSPITAL TYPE OF WORK FOR MOST OF WORKING LIFES NA ISUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI VISION OF VITALRECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2 136 COUNTY 13e STREET ADDRESS / ZIP CODE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? PENTWOOD ROAD 21239 BALTIMORE NOI 1301 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME LAST FIRST MIDDLE FIRST MIDDLE 1 AST THOMAS GEORGE GONSAL VES ANITA ADDRESS 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) LIF YES GIVE WAR OR DATES! 1301 PENTWOOD ROAD GEORGE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY DRRE ST MINUTES IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF MINUTES ARRES ESPIPATA Conditions, if ony, which gave rise to immediate couse (a), stoting DUE TO OR AS A CONSEQUENCE OF underlying cause last. IMDhom 9 C 30 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NON YES [NO [Mentol Hyg 71a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME STREET FACTORY OFFICE FARM, ETC.) NOT WHILE 220.1 certify that (I) (this haspital) attended the deceased from and that in (my) (our opinion death occurred on the date and hour and from the causes stated sow the deceased alive on ____ above, (1) (we) (did) (did not) view the bady after death DEGREE 22c DATE SIGNED 226 SIGNATUR ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANI 22e ADDRESS 774 PHYSICIAN'S NAME TYPE OF PERTI 600 N. WQLFE ST. BALTO., MD 21205 1 LAZARIAN 73d LOCATION 23¢ NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE CITY OR TOWN COUNTY STATE BURIAL 11/10/87 BALTIMORE CEMETERY BALTIMORE MD BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 1101 E. NORTH AVENUE MARCH F/H, INC. (VRA 15, 4)



20000

by the funeral director, page 3th filed within 72 hours ofter death

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici should be detoched for use as the burial-transit permit. Then please remove corban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

etained by the hospital ar attending physician

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	STATE REGISTRAR	DET AIN		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	1 3 2 4	*
67	CEASED NAME FIRST	WIDDLE	·	AST	20. DATE OF DEATH MONTH	DAY YEAR 2b. I	HOUR
(TYPE	William	James	Coc	arco.	November 18	1987.	1:54
3. SE:		4. RACE	5. DATE C	orge .	6. AGE (IN YEARS LAST BIRTHDAY)		NDER 24 HRS
	ale	White			50 YR	MONTHS DAYS HOU	URS MIN.
7a. B!	RTHPLACE (STATE OF FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	Y? 8. MARRIEI	D & NEVER MARRIED	BALTIMORE CITY OR COUN	NTY OF DEATH	
	nnsylvania	U.S.A.	WIDOWE		Baltimore Cit		M
200	Itimore City	IT. NAME OF HOSPITAL, NURS	ET ADDRESS)	1221	170. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN S.F.C. E-7(Ret		
	AL RESIDENCE (IF NURSING HOME OR STATE TYLAND Anne		ORE ADMISSION)	134 INSIDE CITY LIMITS?	13e STREET ADDRESS 700 Crucible C		
	ATHER'S NAME	ALUMET MITTELS	ovtile	15. MOTHER'S MAIDEN NAM		t 2110	18
1		MIDDLE LAST G201	roe	FIRST Lovel1	MIDDLE	Smith	
	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SE		17. INFORMANT (SO	n) APORESS C	t.Boniface	Lana
		Nam 185.26	8623		George Balti	more. Md. 2	21222
	18 CAUSE OF DEATH (Enter or	ily one couse per line for (o), (b), o	ond (c).)			APPROXIMATE BETWEEN ONSET	INTERVAL
		TE CAUSE (0) Card	IAC AI	rest			
		DUE TO, OR AS A CONSEC	UENCE.OF	(4 .)		3 days	
	Conditions, if any, which	((b) Myo	candiAl	. Infarction		Steads	
	gave rise to immediate couse (a), stating the						
	underlying couse lost.	((6)					
VIION	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO			not family	loss of tartops	
TIFICATION					To SY? /200 IF	YES, WERE FINDINGS RTIFYING CAUSES OF L	USED
AL CERTIFICATION	PART 2 OTHER SIGNIFICANT OF THE PART 2 OTHER SIGNIFICANT OF THE PART OF THE PA	196. CONDITION FOR WHICE 196. TIME OF INJURY HOUR A.M. MONTH	CH OPERATIO	N WAS PERFORMED	TO SY? 200 IF	YES, WERE FINDINGS RTIFYING CAUSES OF L	USED DEATH?
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	PART 2 OTHER SIGNIFICANT OF THE PART 2 OTHER SIGNIFICANT OF THE PART OF THE PA	196. CONDITIONS CONTRIBUTING TO 196. CONDITION FOR WHICE 197. HOURS AND FOR WHICE 197. CONDITION	DAY YEAR 19 E, FARM, ETC.)	N WAS PERFORMED 21c HOW INJURY OCCURS	200 IF IN CEI	YES, WERE FINDINGS RTIFYING CAUSES OF L YES N 18 PART I OR PART 2) COUNTY	USED DEATH?
	PART 2 OTHER SIGNIFICANT OF THE PROPERTY OF TH	196. CONDITION FOR WHICE 196. CONDITION FOR WHICE 116. TIME OF INJURY HOUR A.M. MONTH P.M. 216. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICe 101) ottended the deceased from	DAY YEAR 19 E, FARM, ETC.)	216 HOW INJURY OCCURS 216 LOCATION STREET 19 4 7	200 IF IN CEI	YES, WERE FINDINGS RTIFYING CAUSES OF I YES N 18 PART I OR PART 2) COUNTY 1, 19 S, that	USED DEATH? O STATE
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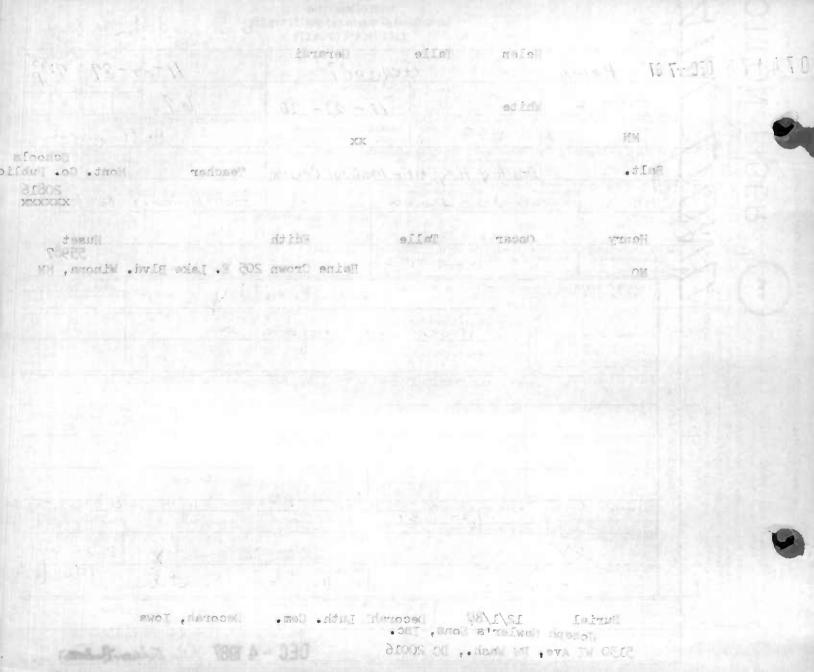
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NOV 2 4 1987 January Barty

	1.	FOR STATE			DEPA	RTMENT OF H	OF MARYLAND EALTH AND MENTAL HY CATE OF DEATH	GIENES /	3 1		7 3
07447 DEC -		CEASED NAME PRINTI Hele	N	elen »	IDDLE TAL		Rdî	REG. 20. DATE OF DEATH	MONTH DA 11-24	YEAR - 87 FUNDER I YEAR	7.55 M If UNDER 21 HRS
ge 4 m ector. p	3. SE	FEMALE		ite C		MONTH	- 22 - 20	6. AGE (IN TEAKS LAST	1 YRS.	ONTHS DAYS	HOURS MIN.
leoth. Po nnerol dir		RTHPLACE (STATE OR F. COUNTRY)	OREIGN 7b.		HAT COUNT	RY? 8 MARRIEI WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY		time	
s on so on the fulled with	1	Salt.	TH 11.		FACILITY, GIVE ST	REET ADDRESS)	edical Center	120. USUAL OCCUPA (TYPE OF WORK FOR MOS Teacher	TION TOF WORKING LIFE)		Co. Publi
AND 24 hour 24 hour and be	13a S	AL RESIDENCE (IF NURSI STATE MD	NG HOME OR OTH	rer institution	13c. CITY OR T	FORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	S / ZIP CODE	Rd	20816
MORE, MARYLAND eccuted within 24 med completely fille	4 F/	THER'S NAME FIRST	MIDI	ote Scar	LAST	alle	15. MOTHER'S MAIDEN N. FIRST Edith	MIDDLE	8	LAS Hu i	set
IMORE,		VAS DECEASED EVER YES, NO OR UNKNOWN)	IN U.S. ARMEI (IF YES, GIVE W)		166. SOCIAL S 478-16-		17 INFORMANT Haine Crown	ADD	RESS ke Blvd		55987
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAING PHYSICIAN: The low requires that the death entities a catending physicion. When this certificate has been signed by the attending being the place of the buriol-tronsit permit. Then please times carbein the and Mental Hygiene prior to buriol, cremation, an entitle than add Mental Hygiene prior to buriol, cremation, an entitle orked or them 18 shows ony injury, or ather traumatic events.	NO	Conditions, if any, gave rise to immorcouse 01, stating underlying cause	which dedicate g the lost.	DUE TO, OR DUE TO, OR (b) DUE TO, OR	AS A CONSE Myo C AS A CONSE COM	OUENCE OF	eaphalope el defon	etism MINAL DISEASE OR CO	ndition give		MATE INTERVAL INSET AND DEATH
AL RECONTENTS On. has been t permit. iene prior	CERTIFICATION	19a DATE OF OPERAT	ЮИ	196 CONDIT	ION FOR WH	ICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO		WERE FINDIN	
PHYSICIAN: The ending physicio this certificate he buriol-tronsit ind Mental Hygies dar Item 18 sho	MEDICAL CER	21g. ACCIDENT WAS UND OR CONTRIBUTING CC	AUSE OF DEATH ALEXAMINER)	P.A	A. MONTH	DAY YEAR	21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF IN	JURY IN ITEM IB PAR	T 1 OR PART 2)	
Leol E	MEC	21d. INJURY OCCURR WHILE NOT WH AT WORK AT WOR 220.1 certify that (I)	(this haspital)		deceased fro	im	20 19.8	CITY OR	124 19		state that (I) we) ast
to OR ATT the hospit borked fo tocked fo tocked fo tocked fo tocked fo tocked fo		sow the decease above, (1) (we) (d 22b. SIGNATURE	(did not) v	11	after death.		d that in (my (our) denior DEGREE ATTENDING PHYSICIAN		AFF /	22c. DATE 8: 2	
TO HOSPITAL retoined by it TO FUNERAL should be det with the Stote			1A2G	UEZ			220 ADDRESS Death	~ 500	th	11	24/87
BP		BURIAL, CREMATION, (SPECIFY) Buria	1	23b. DATE 12/1/8	37	Decorah	Luth. Cem.	23d LOCATION Decorah		COUNTY	STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24. F	UNERAL DIRECTOSO NAME 5130 WI	Ave.	NW Was	h., DC	20016	DEC.	= 4 1987 du	R 256. REGISTR	AR'S SIGNAT	URE



-	187	FOR STATE REGISTRAR		DEPARTN	MENT OF H	5 1 8	3 7	5		
1		CEASED NAME FIRST	MIDE		L	AST	20 DATE OF DEATH MO	NTH DAY	YEAR	26 HOUR
			HELMA I	҈.		GERMAN	11	25	87	10 A M
	3. SE		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHD)	AY) IF UNDE	RIYEAR	IF UNDER 24 HRS HOURS MIN.
		Female	Whit	ce	Marc	h 29,1906	81	YRS.	DAIS	HOURS MIN.
100	7a. Bi	RTHPLACE STATE OF FOREIGN	76 CITIZEN OF WH	AT COUNTRY?	8 AAA DDIE	D NEVER MARRIED	9. BALTIMORE CITY OR C	OUNTY OF DE	ATH	
3	V	Virginia	U.S.A	A.	WIDOWE	37	BALTIMORE	City		MD.
4	BA	ALTIMORE CITY	(IF NOT IN SUCH FA	N MEMOR	ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO HOmemaker	ORKING LIFE) IND	USTRY	Home
-	13a. S	AL RESIDENCE (IF NURSING HOM STATE 136. CC		ERESIDENCE BEFORE L CITY OR TOWN Baltin	N	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZI 400 Rossi	rcode ter Av	re.,	21212
	14. FA	ATHER'S NAME FIRST	WIDDLE	Ritter		15. MOTHER'S MAIDEN NAM Blanche	WE	Wh	eak	ley
		WAS DECEASED EVER IN U.S.	ARMED FORCES? 168	SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS	D O	Dose	422
	(No No		213-09-	-5892	Albert P.	German III	Ocea	n C	ity, Md.
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS	S A CONSEQUE S A CONSEQUE	NCE OF	Pheumoth NOT RELATED TO THE TERM			61	mate interval inset and path oricle—to g
	CERTIFICATION	Congestive +	least Fail	we ,	Lary	useel Polyp				
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des	RTIF	11/25/87 -Chest		יבין בישו	Phoen	, thurax	YES NO	YES	_	но 🗌
9		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M.	MONTH DA	Y YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN	ITEM TS PART I OR	PART 2)	
7	CAL	(IF EITHER, NOTIFY MEDICAL EXAM	NER) P.M.		19					
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	71e. PLACE OF	INJURY FACTORY, OFFICE FA	ARM, ETC)	ZII LOCATION STREET	CITY OR TOWN	со	VINU	STATE
		22e.) certify that (I) this has saw the despended alive above. (I) (Ferfald) and			Novel 17, ar	nd that in (my) (our) opinian o	to November I death accurred an the date	D		that (I) (ve) ast causes stated
		Wallace	F. Johnan	M. P.	,	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1 1	1 - 2	51GNED 15-87
		Dallace	R. Johnso	~ M.	DII	22e ADDRESS UNION MEM	ORIAL HOSPITA	AL		
		BURIAL, CREMATION, REMOV				EMETERY OR CREMATORY	23d. LOCATION WOOdlawn	Balt	TY	STATE
	24 5	Burial	11-28-	-87 Lo	rrai	ne Park		Balt	0.	Md.
			ins & Sor	ADDRESS A	1905 Balto	York Rd NOV	30 By Registral	a Devidor	Mon	ALE I

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 87 STATE CERTIFICATE OF DEATH REG. NO. 1. DECEASED NAME 2a. DATE OF DEATH (TYPE OR PRINT) page 3 George 3. SEX 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR YEAR 87 200 20 BIRTHPLACE 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH (STATE OR FOREIGN MARRIED NEVER MARRIED 1 tomere WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 6 unknown BETH STEEL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13o. STATE 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE timore 1258 willow 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME HAST, KING-FIRST MIDDLE Geor 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 513614 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 90 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200. AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES T 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) STATE WHILE NOT WHILE 220.1 certify that (1) (this hospital attended the deceased from_ sow the deceased alive on_ .19_57, and that in(my)our) apinion death accurred on the date and haur and from the causes stated above, (1) we) (did) (did not) view the body after death DEGREE 22¢ DATE SIGNED ATTENDING MEDICAL Mi with the State DIRECTOR PHYSICIAN 22e. ADDRESS ld b 5364 shaul 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE COUNTY mo ST. STANISLAUS BURIAL 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 FUNERAL HOME OF DUNDALK (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME MIDDLE 20. DATE OF DEATH MONTH 2b HOUR (TYPE OR PRINT) tar, page 3 after death Marie Florence Getz 1987 November 02 0438 IF UNDER 1 YEAR 3 SEX 4. RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS HOURS 06/14/1925 YEAR female white BIRTHPLACE ISTATE OR FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore City USA DIVORCED A WIDOWED [10 CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ETYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Baltimore ASaint Agnes Hospital Housewife DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21,2Q1 own home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13e. STREET ADDRESS 13c. CITY OR TOWN 113d. INSIDE CITY LIMITS? Maryland Baltimore Baltimore 1605 Cole Street 21223 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Elmer H. Stein LAST LAST Marie F. Bender 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO medico (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 219-18-1289 Mrs. Anna Sessa 434 Gilmore Street 21223 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), ogd (c).) PART I. DEATH WAS CAUSED BY arrest IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF andida Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 100 CERTIFICATION prior any 20a AUTOPSY? 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED. 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? verial-tronsit per Securicat NO YES [sho 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 8 HOUR A.M. MONTH DAY YEAR s the burial-tra OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION marked or CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased plive on_ , and that in (my) (our) opinion death accurred on the date and hour and from the causes stated obove, (1) (we) (did) did not) view the body ofter death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF old be deto PHYSICIAN | DIRECTOR PHYSICIAN 22e ADDRESS 224. PHYSICIAN'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OF TOWN (SPECIFY) Balitmore City Maryland Burial 11/05/87 Loudon Park Cemetery 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 1/81 (VRA 15, 4) Ambrose Funeral Home 1328 Sulphur Spring RdV

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011	0 3 7 1104	10	REGISTRAR		MED	ICAL E	XAMIN	ER'S C	ERTIFIC	CATEO	F DEA	TH	REG. N	0.		
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12	RY, PLEV DIRECTO	3. SEX		RACE	5. DATE OF BIRTH	36	6. AGE (IN YE	MONTI	REGENO CAST Gibbs FUNDER 1 YR.	12:43						
	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 CAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, PLEASE THE CERTIFICATE, WRITING THE WORD, "PREFIDING" IN PENCIL IN 1 TEM. 18. GIVE PAGES 1, 2, AND 31 OTHE FUNKRAL DIRECTOR. SAL DIRECTOR, PAGE 3 SHOULD BE VSED AS A BURAL. "TRANSIT PERMIT PORM PM. 3. RETAIN PAGE 5 FOR YOUR FILES. ATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITAL RECORDS, 201 W. PRESTON STREET, RE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	FO	RTHPLACE (514 REIGN COUNTRY)		76. CITIZEN OF WHA	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTRY										
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	TO MEDIC EXECUTE PAGE 4 S TO FUNE AFTER DE BALTIMO	23a, RI	EXAMINER'S N (TYPE OR PRIN JRIAL, CREMATI	T)	M. Dixon,		AME OF CEA						Balto			
07/84 25M			JRIAL INERAL DIRECT		11-13-87		LTIMO		NAT.	CEMI	1	SALT.		E MA	RYLAN	
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STATE OF MARYLAND 072324 NOV 98 TATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20 DATE OF DEATH MONTH (TYPE OR PRINT) HAROLD GILBERT NOVEMBER 9, 1987 2:10 4 RACE 3. SEX 5 DATE OF BIRTH 6 AGE IN YEARS LAST BIRTHDAY) IF UNDER I YEAR Male White 1912 May BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Penna. U.S.A. BALTIMORE CITY WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH 12a LISHAL OCCUPATION 12 KIND OF BUSINESS OR BALTIMORE (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE THE JOHNS HOPKINS HOSPITAL Sales Rep. Contractor USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13Bine Rydge 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Franklin 13309 Flohr Lane Penna. NO TO Summit SATHER'S NAME IS MOTHER'S MAIDEN NAME Gilbert Dora Mae Long 16b SOCIAL SECURITY NO 13309 Flohr Lane 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Blue Ridge (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) Summit. Pa.1721 173-03-3676 Mrs. Camille H. Gilbert 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: Sminude Crdiac arres IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause Latus 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20n AUTOPSY IN CERTIFYING CAUSES OF DEATH? NO 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION STREET CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on above (I) we) (did (did nat) view the bady after death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIANT 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236, DATE Burial Green Hill Cemeterv Waynesboro, Franklin 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Julia Davidson Pandasa DHMH - 16 60M 7/84 92 50 S. Broad St. Waynesboro. (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO ECEASED NAME 20. DATE KNOWN 26 HOUR YPE OR PRINTI Eugene III Gilbert DEATH MATED XX 11 - 3Harry 1087 A RACE DATE OF BIRTH IF UNDER 1 YR. AGE IN YEARS IF UNDER 24 HRS 2d HOUR 4:47 DATE 11-23-49 3 PIRTHDAY PRONOLINCED Male White DEAD 11 - 41987 YRS a. M 70 BIRTHPLACE Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED XNEVER MARRIED Maryland U.S.A. WIDOWED [DIVORCED Baltimore City EITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b, KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE OR INDUSTRY Real Estate Baltimore 3713 Centre Place Appraiser JSUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSIONAL Baltimore 30. STATE Baltimore 3713 Centre Place 21224 Maryland FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Gilbert Jr. Edvth Harry Eugene Costa LIEM 18. GIVE PAGES
ALONG WITH FOLITY
FERMIT. PAGES
GIENE, DIVISION OF 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO ADDRESS Melinda T. Gilbert 3713 Centre Place 21224 213-50-0632 No 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cirrhosis of the Liver with Coagulopathy DUE TO OR AS A CONSEQUENCE OF ED AS A BURIAL - TRANSIT HEALTH AND MENTAL HYC IL, CREMATION, OR REMO Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION USED AS ARRITING THE COTE WRITING THE COTE WRITING THE CORMANDED TO THE COTE FACE SHOULD BE USED AND THE PERMENT OF HEALT OF THE PROPERTY OF HEALT OF THE PERMENT OF 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE AT WORK NOT WHILE AT WORK EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STABALTIMORE, MARYLAND, 2 Autopsy XX 270 I certify that I took charge of the remains described above, held on Inspection Notural causes XX death resulted from Accident Homicide Undetermined monner ACTUAL Deputy 11-4-87 SIGNATURE MEDICAL EXAMINER EXAMINER'S MAN 111 Penn St., Balto., Md. 21201 M.D Ann M. Dixon! (TYPE OR PRINT) ADDRES 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Cremation 11-5-87 Baltimore City Maryland Greenmount 07/84 25M 24 FUNERAL DIRECTOR **DHMH - 17** hie Divideon Renda Mitchell-Wiedefeld Home 6500 York Road 21212 (VR A15 ME (5)) לאטר 6 1.0 :--

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	Beath. Poor	1	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Michigan	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 B/		
10	15		Baltimore City	11. NAME OF	HOSPITAL, NURSIN CHEACHITY, GIVE STREET A LION MEMOR	G HOME C	OR OTHER INSTITUTION	12a (TYP		
AND 212	within 24 haur within 24 haur 2 shauld be f		JAL RESIDENCE (# NURSING HOME OF STATE 13b COU	OR OTHER INSTITUTION	Baltimor		13d INSIDE CITY LIMITS?	13e S		
MARYL			PATHER'S NAME PIRST W		Gilbert		Rachel	AME		
TIMORE	th certificate be executed ading physician on carbonpopers. Pag. i. ar removal.		WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (ES (YES)	IVE WAR OR DATEST	381-12-9		Mrs. Gloria			
ECORDS, 201 W. PRESTON	aw requires that the death certificate been signed by the attending physicism. Then please remove carbanpaper prior to bural, cremation, or removal.	CERTIFICATION	Conditions, if any, which gove rise to immediate cause (a) DUE TO, OR AS A CONSEQUENCE OF Couse (b), stating the underlying cause last (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL IN STATE CALLUD CA OF LUNG, UNDSUPSI'S, 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED							
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	TO HOSPITAL TO FUNERAL should be del with the State		224. PHYSICIAN'S NAME (TYPE Patrick G.		L,_M.D.		The U nion	Mei		
	DD 5 ± 3 ₹		BURIAL, CREMATION, REMOVA		23c. N		EMETERY OR CREMATORY	23		

FOR

REGISTRAR

DECEASED NAME

- STATE

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DHMH - 16 60M 7/B4

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 20. DATE OF DEATH 26 HOUR 920 87 13 11 GE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS HOURS ALTIMORE CITY OR COUNTY OF DEATH Baltimore USUAL OCCUPATION 126 KIND OF BUSINESS OR of work for most of working life)
Security INDUSTRY TREET ADDRESS / ZIP CODE 1645 Ralworth Road 21218 MIDDLE MacRae ADDRESS ee Gilbert same as 13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION GIVEN IN PART 1:0 a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) CITY OR TOWN COUNTY STATE occurred on the date and hour and from the causes stated STAFF ECTOR PHYSICIAN morial Hospital

24 FUNERAL DIRECTOR Leonard J. Ruck, Inc. Baltimore, Maryland

11-16-1987

Baltimore, Maryland Parkwood Cemetery 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

d LOCATION

NOV Julia Divideon Pandage

STATE

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STATE OF MADVIAND

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ARTMENT (OF HEALTH	AND MENTAL	HYGIENE
CER	TIFICATE	OF DEATH	

87TATE REGISTRAR REG. NO 2g DATE OF DEATH 25 HOUR 1. DECEASED NAME (TYPE OR PRINT) 945 A 8 Theodore R. Gilchrist (1 4 RACE IF UNDER LYEAR 3 SEX 5. DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) 07 MALE BLACK 8 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY MARRIED X NEVER MARRIED Baltimore DIVORCED [WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ID CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR BETH RETIRED STEEL Baltimore City The Union Memorial Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 13b. COUNTY 13d INSIDE CITY LIMITS? 32nd STREET 21213 BALTIMORE 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MARTIN GILCHRIST SADIE GILCHRIST 16b. SOCIAL SECURITY NO 17 INFORMANT **ADDRESS** 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ROSE E. GILCHRIST 1809 EAST 32nd STREET 239-09-7870 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY possible mulumary IMMEDIATE CAUSE (0 metastatic prostatic corcinouna Conditions, if ony, which gave rise to immediate couse to , storing the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION hypertension; chronic arrial fibrillation; cops nephrotic syndrome; 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? needle by mostate = hilat orchitecton 14/70/97 for mostritic CA 210 ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M. (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME. STREET FACTORY, OFFICE FARM, ETC.) NOT WHILE 10 22a I certify that (Withis haspital) attended the deceased fram and that in (py) (out) opinian death occurred an the date and hour and from the causes stated above (did) (did not) view the body after death 22c. DATE SIGNED DEGREE ATTENDING MEDICAL STAFF dus DIRECTOR | PHYSICIAN PHYSICIAN 72d PHYSICIAN'S NAME (TYPE OR PRINT) Patrick G. O'Daniel, M.D. The Union Memorial Hospital 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE

BALTIMORE CEMETERY

DHMH - 16 60M 7/B4 (VRA 15, 4)

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BURIAL

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WM. C. MARCH F/H, INC. 1101 E. NORTH AVENUE

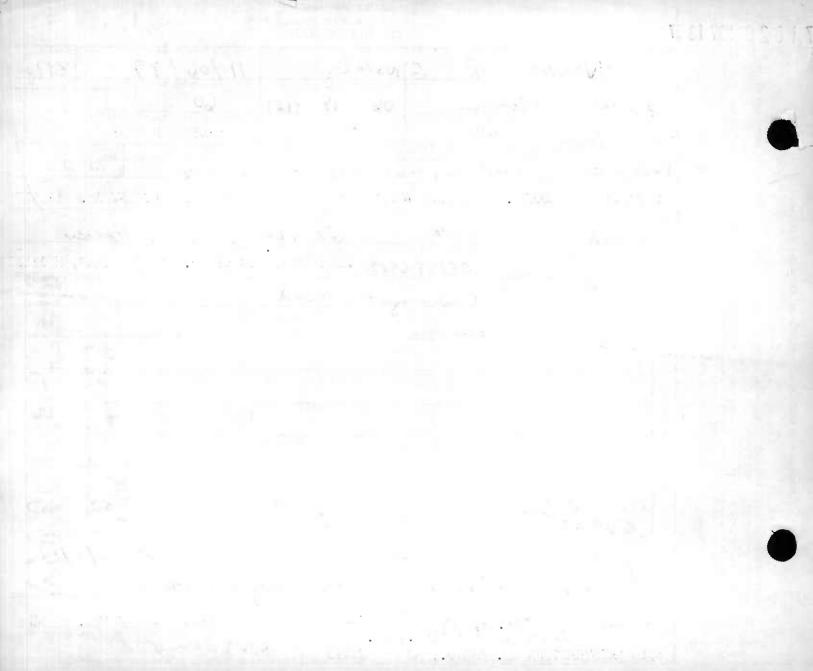
11/9/87

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

STATE

BALTIMORE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

BALTIMORE DIVORCED X 12g USUAL OCCUPATION 126 KIND OF BUSINESS OR UNEMPLOYED INDUSTRY 130 STREET ADDRESS / ZIP CODE 1939 PENNSYL VANITA/AVENUE MIDDLE GL ADDEN ADDRESS 1939 PENNSYLVANIA AVENUE 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO T YES CITY OR TOWN COUNTY STATE 22c DATE SIGNED ATTENDING MEDICAL STAFF 10 PHYSICIAN DIRECTOR PHYSICIAN 236 LOCATION COUNTY OWINGS MILLS. MD REGISTRAR 256. REGISTRARIS SIGNATURE 25a. DATE REC'D. BY REC

FTREGISTRAR CERTIFICATE OF DEATH REG. NO I. DECEASED NAME MIDDLE LAST 20 DATE OF DEATH 76 HOUR (TYPE OR PRINT) EROY GLADDEN 87 8 4 RACE 3. SEX 5. DATE OF BIRTH 6. AGE LIN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR **BLACK** MALE a 24 TO BIRTHPLACE ISTATE OR FOREIGN 75 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MD WIDOWED | IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION NOT IN SUCH FACILITY, GIVE STREET ADDRESS 1030 PENNSYLVANIA BALTIMORE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 13a STATE 186 COUNTY 13d INSIDE CITY LIMITS? MD 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST AA IDDD E CORA VERNON GLADDEN 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT YES, NO OR UNKNOWN) HE YES GIVE WAR OR DATES! 218-14-9159 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ich PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which WINI gave rise to immediate couse (a), stoting underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT CERTIFICATION 19ª DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on. and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated above, (I) we) (did) (did not) view the body after death; 22b. SIGNATURE DEGREE 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) BURIAL GARRISON FOREST 24 FUNERAL DIRECTOR

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1101 NORTH AVENUE MARCH F/H, INC.

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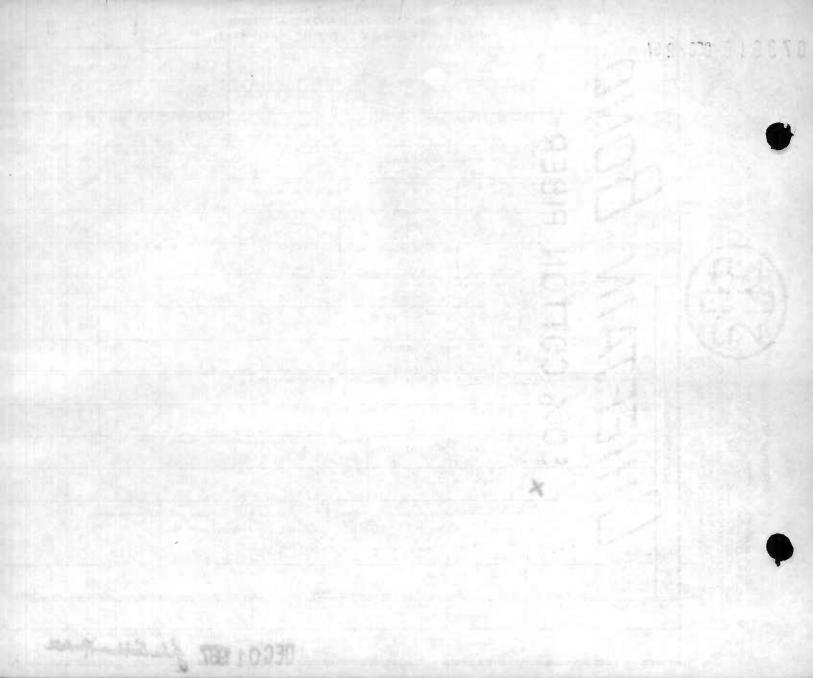
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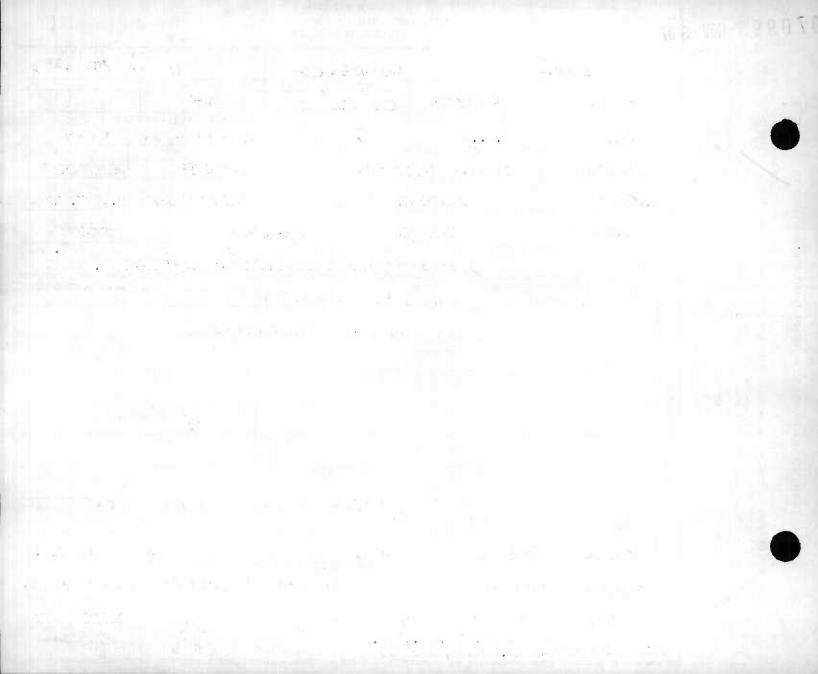
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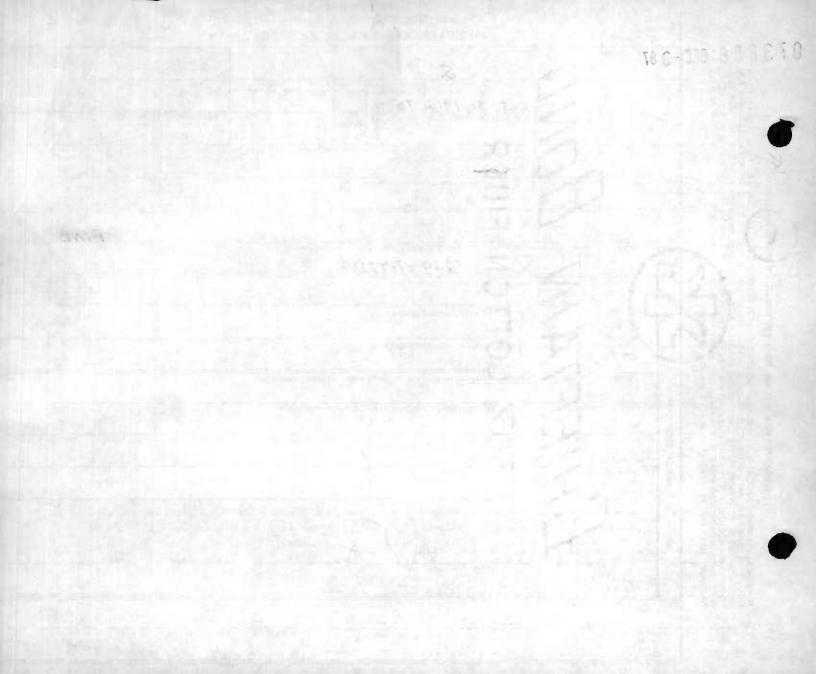
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STATE OF MARYLAND 070993 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG NO 20. DATE OF DEATH 75 HOUR DECEASED NAME MONTH 732 TYPE OR PRINTS DORA GOLDBERG-5. DMARGHTH DAY , 1913 IF UNDER 1 YEAR IF UNDER 24 HRS 4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) -EMALE C-AUCASIAN XXX XXXX XX BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED A NEVER MARRIED POLAND U.S.A BACTINORE WIDOWED DIVORCED [126 KIND OF BUSINESS OF ID CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE HOSPITAL HOUSEWIE HOMEMAKER SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130.STREET ADDRESS / ZIP CODE 4315 LABYRINTH RD., APT. D2(2121) 13a. STATE BALTIMORE 13b COUNTY 13d. INSIDE CITY LIMITS? MARYLAND YES X NOF 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLE MIDDLE ZVI HERSH UNKNOWN DEBRA CHANA UNKNOWN APT. D2 ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT 2-30-9 719 MOSES LIEBERMAN 4315 LABYRINTH RD. 21215 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY CARDIAC ARREST IMMEDIATE CAUSE (a) DUF TO OR AS A CONSEQUENCE OF INFARCTION MYO CARDIAL Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Lia CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 21a. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY MONTH DAY YEAR HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY AT HOME STREET FACTORY OFFICE FARM, ETC 1 22a.1 certify that (1) (this haspital) attended the deceased fram saw the deceased alive an. and that in (my) (our) opinion death accurred on the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death 22c DATE SIGNED 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF should be detay MD PHYSICIAN [] DIRECTOR PHYSICIAN MPORTANT. 22e ADDRESS 22d PHYSICIAN'S NAME (TYPE OF PRINT) ItOSPITAL. BALTIMORE SACMAN SINAI 23d LOCATION 230 BURIAL CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY BURIAL 11/2/87 SHAAREI ZION CEM 24 FUNERAL DIRECTOR 756. REGISTRANS SIGNATURE SOL LEVINSON & BROS. INC. 1987 DHMH - 16 60M 7/84 NOV 6010 REISTERSTOWN RD. BALTO, MD 21215 (VRA 15, 4)



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN OF ESTI-DEATH MATED David Goldman 2619 87 3 SEX 4 RACE AGE (IN YEARS DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d. HOUR YEAR LAST BIRTHDAY MALE WHITE 5:50P Oct. 31, 1912 75 YRS DEAD 26 19 87 TO BIRTHPLACE (STATE OF 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIEDXX MARYLAND USA WIDOWED DIVORCED Baltimore City 10. CITY OR TOWN OF DEATH II. NAME OF PETITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126, KIND OF BUSINESS OR INDUSTRY 2010 Presstman Street SALESMAN Baltimore CLOTHING USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 2010 PRESSTMAN ST. #21217 MARYLAND BALTO. YES X NO [4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST **GOLDMAN** FANNIE DAVID 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ARNOLD GOODMAN'S 220-07-4733A YES WWII=ARMY 4008 EMMART AVE. BALTO., MD 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY MMEDIATE CAUSE (6) Hypertensive arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 DTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NOX 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 71e PLACE OF INJURY (AT HOME, 21f LOCATION STREET, FACTORY FARM FTC) STREET WHILE AT WORK CITY OR TOWN COUNTY Inspection XX 22a. I certify that I taak charge of the remains described above, held an Autopsy Natural couses XX death resulted from: Undetermined manner TITLE (SPECIFY) ACTUAL D Assistant 11/27/87 SIGNATURE Mario F. Golle, Jr. M.D EXAMINER'S MAME Balto.MD. 111 Penn St. PAGE TO FU TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION MARYLAND BALTIMORE NOV.29,1987 ANSHE EMUNAH BURIAL 07/84 SOL LEVINSON & BROS., INC. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Julia Transfer Pandalle BALTO., MD 6010 RETSTERSTOWN RD. 21215 (VR A15 ME (5))

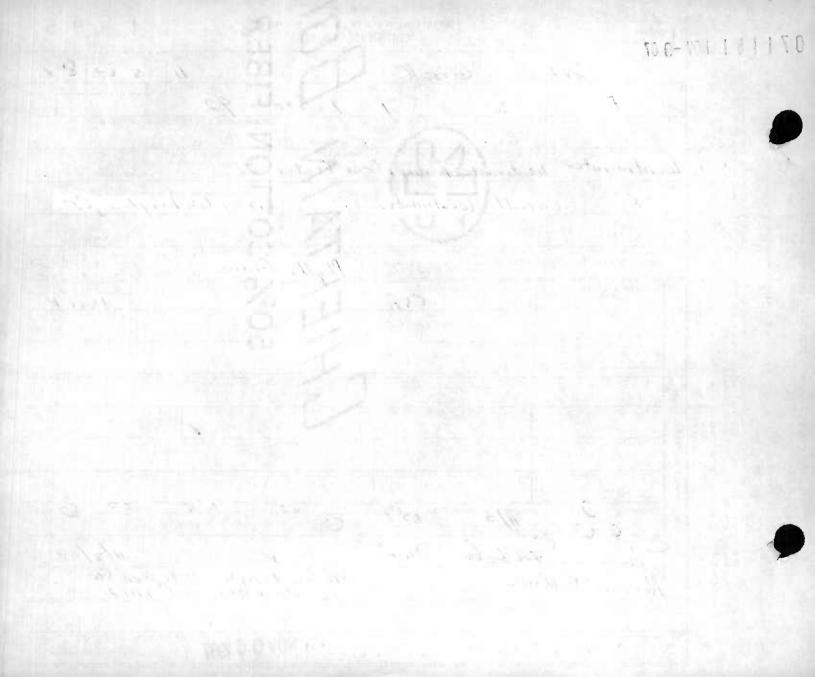


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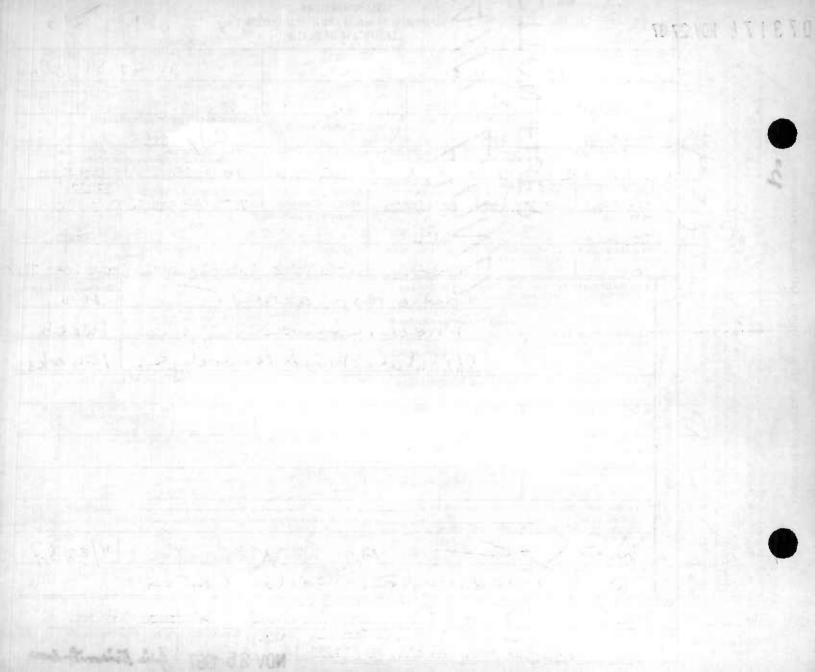
STATE OF MARYLAND

2.2 Dna

	1.	FOR STATE CERTIFICATION		PARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG	ENE 8 7	3 8	9 5					
14 NOV		REGISTRAR GERTRUDE	MIDDLE	11	CATE OF DEATH	REG. NO		87 26 HOUR					
rctor. page 3	3. SE	× FEMALE	VA A. GOVARACE WHITE	5 DATE C	FIBIRTH 1 1895	6. AGE (INYEARS LAST BIR	HDAY) IF UNDER 1 Y	14/					
135		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	MARRIEI WIDOWE	DIVORCED DIVORCED	CARROL	ALTIMORE CITY OR COUNTY OF DEATH CARROLL COUNTY						
ours arms	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION West minter (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 120. USUAL OCCUPATION (TYPE OF WORKING LIFE) TALE 120. USUAL OCCUPATION												
within 24 n	MA	ATHER'S NAME FIRST	'IMORE/ REIS'	TERSTOWN	13d INSIDE CITY LIMITS? YES	1008 GREEN	HILL FARM	ROAD .21136					
Page True	16a \	RALPH VAS DECEASED EVER IN U.S. AR VESNOR UNKNOWN) (IF YES, GIV	Date Cac as Was	LD AL SECURITY NO. 30-5407	CRYSTAL 17 INFORMANT PHYLLIS G. G.	1008 RIMM RETS		NOWN) L FARM ROAD					
g physician onpopers. removal.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	ly one cause per line far (o), D BY: E CAUSE (a)	(b), and (c).1 CVA	/		BETW	PROXIMATE INTERVAL EEN ONSET AND DEATH					
quires that the death or signed by the attendin hen please remove corb to buriol, cremation, ar ilury, or other troumatic	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTIN	NSEQUENCE OF	NOT RELATED TO THE TERMI	nal disease or coni	DITION GIVEN IN PAR	T lia					
on. has been to permit. I the prior of sony in	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATION	WAS PERFORMED	206. IF YES, WERE FIN IN CERTIFYING CAU YES							
ding physici ding physici s certificate burial-transi Mental Hygi or fee 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOT IFY MEDICAL EXAMINER 21d INJURY OCCURRED	HOUR A.M. MONT	TH DAY YEAR	211. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR							
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by the hosp by the hosp ERAL DIREC e detoched to State Dept.		above (I)/we (did (did no 27b. SIGNATURE TOWNSON 724 PHYSICIAN'S NAME WEE	Halle		-	MEDICAL STAF	F _ 111	ATE SIGNED					
retoined by TO FUNER should be di	23a I		123h DATE	234. NAME OF C	220. ADDRESS Wash	1019 for H	of fred C	<i>fr</i>					
BP		SPECIFY) URIAL *BERAN DIRECTOR DIICODT	11/7/87	LORRAIN		WOODLAWN	COUNTY	MARYLAND					
(VRA 15, 4)	16	30 EDMONDSON AV	/Enŭė, čatónsτ	TELE, MD.	21228 1 101	0 6 1987	1 4	- Indelle					



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE OF DEATH 2b HOUR (TYPE OR PRINT) Edith Cover 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS Female White 1910 December 76 76 CITIZEN OF WHAT COUNTRY? To. BIRTHPLACE I STATE OR FORFIGN BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Marvland WIDOWED DIVORCED | Baltimore City 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Housewife Francis Scott Kev Medical Center Own Home USUAL RESIDENCE (IF MURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
13b. COUNTY
13c. CITY OR TOWN 21222 13e.STREET ADDRESS / ZIP CODE 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? Baltimore Baltimore 7525 Old Battle Grove Road Marvland FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST MIDDLE Boblits Jones Eugene Anna 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 212-34-4500 Doris Felts 7525 Old Battle Grove Road No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY Auns IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF neun Conditions, if ony, which gove rise to immediate couse (o), stoting underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS DIVISION OF VITAL RECORDS CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? à IN CERTIFYING CAUSES OF DEATH? NO YES NO [ō 71m. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 71d INJURY OCCURRED ö 21e PLACE OF INJURY 211. LOCATION CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) orked NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death DEGREE 22c. DATE SIGNED ATTENDING . MEDICAL PHYSICIAN DIRECTOR PHYSICIAN [MPORTAN 22. ADDRESS 0 23a BURIAL, CREMATION, REMOVAL NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE Burial Baltimore Maryland STATE 11-17-87 Grace Methodist Church 24 FUNERAL DIRECTOR Duda-Ruck Funeral Home of Dundalk 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 7922 Wise Ave. Dundalk, MD (VRA 15, 4)



REG. NO. DECEASED NAME MIDDLE LAST 20 DATE OF DEATH FIRST TYPE OR PRINT CLAUDE 20 BARTHOLAMEW GRAVES 5EX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST ORTHDAY) MONTH YEAR 19 MALE WHITE 6 68 THPLACE (STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 7h. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY MARYLAND U.S.A. WIDOWED DIVORCED I CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) Purduction Op. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 "USUAL RESIDENCE (# MURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 131. COUNTY 131. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS P BALTIMORE 1547 LISTER RD MARYLAND ARBUTUS YES [NO [7] 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME ond 2 MIDDLE LAST MIDDLE FIRST STEPHEN GRAVES UNKNOWN 6a. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT Poges (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) YES WW 218-12-7504 GRAVES 1547 LISTER RD MAE T. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: & Work IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION prior 20b. IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 19a DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? per NOF the burial-transit pand Mental Hygiel certificate 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 210. PLACE OF INJURY 21f. LOCATION ò CITY OR TOWN AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) WHILE AT WORK NOT WHILE AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from NOV. sow the deceased alive an_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) wiew the body ofter death 22b SIGNATURE DEGREE ATTENDING MEDICAL STAFF * nould be deta DIRECTOR PHYSICIAN PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME LTYPE OR PRINT! 220. ADDRESS WONG 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY

11/13/87

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

ADDRESS

MEADOWRIDGE MEM.

FOR

REGISTRAR

- STATE

(SPECIFY)

DHMH - 16 50M 1/Bt

(VRA 15, 4)

24 FUNERAL DIRECTOR

BURIAL

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

26. HOUR

HOURS

12b. KIND OF BUSINESS OR INDUSTRCalvert

LAST

YES [

CITY OR TOWN

ELKRIDGE

PK.

250 DATE REC'D.

COUNTY

COUNTY

HOWARD

BY REGISTRAR 256. REGISTRAR'S'SIGNATURE

22c. DATE SIGNED

10

MARYLAND

APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH

STATE

IF UNDER I YEAR DAYS

IF UNDER 24 HRS

requires that the death certificate be executed

PHYSICIAN: The low ar aftending physicion

TO HOSPITAL OR ATTENDING retained by the hospital

0728

28 george 3 S

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENS

FOR STATE REGISTRAR	DEPART	TMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	L HYGIENES /	3 1 9 4 9				
IL DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR				
	31105	GRAYER		11 17. 87 345				
BEAT	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BE					
		MONTH DAY YEAR		MONTHS DAYS HOURS M				
FEMALE	BLACK		2 65	YRS				
76. BIRTHPLACE (STATE OR FOREIGN MATTY Land	76 CITIZEN OF WHAT COUNTRY	MARRIED ☐ NEVER MARRIED WIDOWED ☐ DIVORCED	Baltimore	or County OF DEATH , City				
Baltimore	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPAT					
USUAL RESIDENCE (IF NURSING HOM 130 STATE 136 CC	E OR OTHER INSTITUTION GIVE RESIDENCE BEFO	ore YES NO		á75€9 St. 21223				
14 FATHER'S NAME Sonny Gray	er LAST	is mother's maide	Grayer MIDDLE	LAST				
160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES	ARMED FORCES? 166 SOCIAL SEC		Palmer 326 N					
Conditions, if any, which gove rise to immediate couse (o), stating the underlying cause last. PART 2 OTHER SIGNIFICAN	SED BY: OUT TO OR AS A CONSECTION OUT TO, OR AS A CONSEC	UENCE OF CEREIBRO - V UENCE OF ZY TIZACT	INFECTION	,				
Scizus	e Wisarden.	CHRONIC ACY	HUE HEPATI	から				
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		CH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. 1F YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO				
00 000 000 000 000 000 000	DEATH HOUR A.M. MONTH	DAY YEAR		ITER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)				
OR CONTRIBUTING CAUSE OF	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM ETC.) 211 LOCATION STREET	CITY OR TO	OWN COUNTY STAT				
saw the deceased alive	on 11-17-19. In not iview the body after deat	表子, and that in (my) (our) or	onion death accurred on the d	lote and hour and from the couses state				
22b. SIGNATURE	- STOLOUS	DE GREE ATTENDI PHYSIC	AN DIRECTOR PHYSIC	CIAN O				
SUDILIR.	D. PATEL			ED. CENTIZE				
230 BURIAL, CREMATION, REMOV		NAME OF CEMETERY OR CREMAT Mt. Zion Cemetery	Latisdown	, A.A.GOUNMd. STAT				
24 FUNERAL SERVICE, P.	Though all	1. Cotep 1	10V 23 1987 7	256 REGISTRAR'S SIGNATURE				

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and a should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.



TELEVISION NEW TARGET

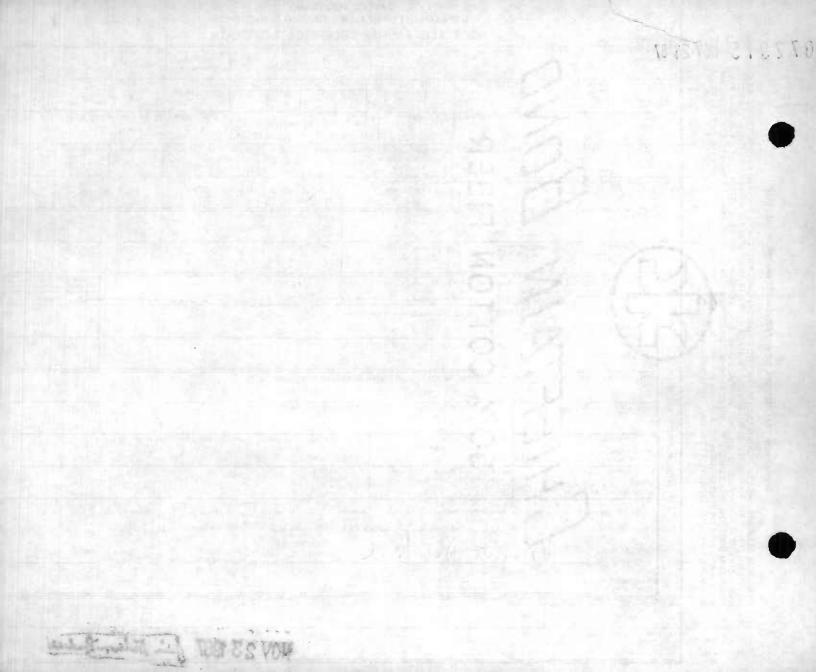
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72	773 NOV 2	3 87	FOR STATE REGISTRAR			IT OF HEA	TH AND MENTAL HYG ATE OF DEATH	REG. NO.	3 9	9
	noy be poge 3 er deoth		CEASED NAME FIRST ERMA	MIDDE		REEN		NOVEMBER 17		26 HOUR 11:37 A
2	office.	3. SE	x FEMALE	4 RACE BLACK	5.	DATE OF B	18TH 29 29	6. AGE (IN YEARS LAST BIRTHDAY) 58 YRS.	IF UNDER I YEAR	IF UNDER 24 HRS
0	leoth. Pogrinnerol direction 72 hours		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHA USA	W	IDOWED [9 BALTIMORE CITY OR COUNT BALTIMORE		MD.
101	by the fulled with	1	TY OR TOWN OF DEATH BALTIMORE	J'OHN'S' FAS	Hopkins	RESSHOS:	OTHER INSTITUTION PITAL	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L UNEMPLOYED	126. KIND OF INDUSTRY	F BUSINESS OR
ANDATA	hin 24 hours ly filled in should be	5 130.	AL RESIDENCE (IF NURSING HOME O STATE 13b. COU	NTY 13c.	RESIDENCE BEFORE ADI	1130	I. INSIDE CITY LIMITS?	13. STREET ADDRESS 1002 N. PATTERS	ON PARK	21205
W PRESTON ST. BALLIMORE, MARYLAND 21201	ond 2	14. F	RANDOLPH	WIDDLE	THOMAS	SR.	MOTHER'S MAIDEN NA	WIDDIE	PAI (GE
MORE,	be exected on ond services. Poges		VAS DECEASED EVER IN U.S. AI yes, no or unknown) (# yes, Gi NO	VE WAR OR DATES!	SOCIAL SECURIT 18-25-280		AROLETTE BE	address NSON 817 BRADFOR	RD AVENUE	
ST. BAL	physicin npoper movol.		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS)	nly one couse per line ED BY: TE CAUSE (o)	for (0), (b), and ic	AVES	+		4 1	MATE INTERVAL DINSET AND DEATH
S	edeoth cer ottending nove corbo ottion, or re troumotic e		Conditions, if any, which		A CONSEQUENCE					
	by the		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS	a consequence	Eaily	nt	0		
RECORDS 201	eouire n signe r to bury,	NO		CONDITIONS CONTI	RIBUTING TO DEA	TH BUT NO	T RELATED TO THE TERM	INAL DISEASE OR CONDITION GI	VEN IN PART 110	
	The low rion.	CERTIFICATION	B 12187	LIVER	ATSCESS	Ne	erotic quilb	CANSES NOW Y	S, WERE FINDING IFYING CAUSES (ES []	GS USED OF DEATH? NO
Por VII	HYSICIAN: The ding physicio physicio is certificate is buriol-fronsit Mentol Hygies or frem 18 sho		216. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE LIF EITHER NOTIFY MEDICAL EXAMINE	ATH HOUR A.M.	JURY MONTH DAY	YEAR 19		RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)	
DIVISION OF VITA	DING PHYS or ottendir After this sees the bu oith and M morked or I	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF II	NJURY ACTORY, OFFICE, FARM		f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	TTEN Sifol TOR for us		220.1 certify that (1) (this hosp sow the deceased alive or above (1) (we) (did no		2	2 , ond t	hot in (my) (our) opinion	death occurred on the date and ho		that (I) (we) lost couses stated
	AL OR AL the hosp AL DIREC detoched ote Dept.		226. SIGNATURE RWOOOL	S)		DEC	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE S	7187
	TO HOSPITAL (retoined by the TO FUNERAL Is should be detoined by the Stote Is hope To Fune To		BOB KOO	OR PRINT)		2:	Tohus Ho	rely lospita)	
	BP	230	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	11/21/8		NE OF CEM	E CEMETERY	BALTIMORE,	COUNTY	MD ^{STATE} 4
	DHMH - 16 50M 1/81 (VRA 15, 4)		UNERAL DIRECTOR M. C. MARCH F/H	, INC. 11	101 E. NO	ORTH A	VENUE PAT	20 CIL SURECT	IN IS SIGNA	WALL.

VOV 20 BEE SELECTION SPICE

								STAT	OF MARTLAND)	,		6 0	0
71	790 N	3V 13	B7	FOR STATE REGISTRAR					EALTH AND MENICATE OF DEA	TH	REG. NO		7 0	
	noy be poge 3		1. DEC	DECEASED NAME FIRST MIDDLE LAST (TYPE OR PRINT) ISABELLE GREEN							nOVEMBE		L987	11:02 A
	o d o		3. SEX			4. RACE			F BIRTH		AGE (IN YEARS LAST BIR	HDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	Page 4 mo director, po hours after			FEMALE BIRTHPLACE (STATE OR FOREIGN		BLACK		MONTH 9	18	24.	63	YRS.	MONTHS DAYS	HOURS MIN.
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	eoth.	5	1	MD		USA		WIDOWE		1	BALTIMORE	CITY	Z	MD.
	the full		10. CI	TY OR TOWN OF DEA	TH		HOSPITAL, NUR	SING HOME	R OTHER INSTITU		TYPE OF WORK FOR MOST O			F BUSINESS OR
5	- P	Political States	BAL	TIMORE					HOSPITAL	,	UNEMPLOY			IA
BALTIMORE, MARYLAND 21201	24 hours filled in by ould be fill	agst be	USUA 13a. S	AL RESIDENCE (IF NURSI TATE MD	13b COUN	OTHER INSTITUTION	GIVE RESIDENCE BE	OWN	134 INSIDE CITY	LIMITS?	se STREET ADDRESS 944 WEBB C	OURT	21202	
YLA	within letely f d 2 sho	iner	I4 FA	THER'S NAME					15. MOTHER'S MA	AIDEN NAME				
MAR	w pe	E S	·F	ROBERT	′	MIDDLE	GREF	N	MAM	IE	MIDDLE		BOW	E
E.	- D		Téa V	AS DECEASED EVER			16b. SOCIAL S		17. INFORMANT		ADDRE	SS		
WO	e exec	medicol		ES, NO OR UNKNOWN)	(# YES, GIVE	E WAR OR DATES)	219-1	2-6106	SHIRLEY	FORD	1202 E. MA	DISON	STREET	
ALT	e cio	0 4	-22	18 CAUSE OF DEATH	(Enter on	ly one couse per								MATE INTERVAL
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<u>o</u> .	the rem	in 1		gove rise to imm couse (a), stating	g the	DUE TO, O	R AS A CONSE	QUENCE OF						
3	thot d by leose iol, cr	or oth		underlying couse lost. (c) Aplastic anemia, head neck ca									ncer	SOAA
5, 20	gne	njury, o	7	PART 2. OTHER SIGN	IFICANT C	ONDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO	THE TERMIN	AL DISEASE OR CON	DITION GIV	EN IN PART 10	>
ORD			0	10172	+	tead	and	nect	cance	er.				
REC	n. nos been permit. I ne prior	Sony	CERTIFICATION	190 DATE OF OPERAT	ION	196. COND	ITION FOR WH	ICH OPERATIO	N WAS PERFORM	ED	20a AUTOPSY?	IN CERTIF	YING CAUSES	OF DEATH?
FAL	£ 0 ± 0	Shows	RTI	210. ACCIDENT WAS UND		1 21b. TIME C	or initiated		Tate How this in	V OCCUPATION	YES NOW	1	S 🔲	NO 🗌
>	A 4 + + -	8	_	OR CONTRIBUTING	-	LIOLID A	M. MONTH	DAY YEAR	ZIE HOW INJOK	OCCURRED	O (ENTER NATURE OF INJUI	IN IN ITEM IS P	PART TORPART 2)	
O Z	PHYSIC ending this cert te buriol	Head 1	MEDICAL	(IF EITHER NOTIFY MEDIC			M. OF INJURY	19	211 LOCATION					
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	offer this os the but Mond M	morked or	ME	WHILE NOT WH	K	(AT HOME, ST	REET, FACTORY, OFF		STREET		CITY OR TO		COUNTY	STATE
_	TENDI or USE or USE of Health	is m		22a.1 certify that (I)			ne deceased fro			1987	. to Novemb	7		that (I) (we) lost
	5 5 0 4	n 21		sow the decease obove, (f) (we) (d	d olive on id) (did not			9_01_,0		r) opinion dei	oth occurred on the de	ote and hou	or and from the	couses stated
	the hosp the hosp of DIREC etoched to	If hen		226. SIGNATURE	c	01	n 10	.6	PEGREE	NDING	MEDICAL _ STAT	ricter	22c. DATE	SIGNED
	TAL Ny th RAL dete	-		10	Ma	16/	Hall	SAIN	PHY	SICIAN	DIRECTOR PHYSIC	IAN	1 11	1187
	TO HOSPITAL (retoined by the TO FUNERAL should be detowith the Stote Unit the Sto	PORTA		224 PHYSICIAN'S NA	SYL	VIA	R. M.	FDLEY	27e ADDRESS	BAU +	orth W	be	21205	
	of of of s	3		URIAL, CREMATION,		23b. DATE			EMETERY OR CRE		23d LOCATION		COUNTY	STATE
	BP			BURIA	\L	11/1	3/87	BALTIMO	RE CEMETI		BALTIMOR			MD
	DHMH - 16 50M 1/	/81		INERAL DIRECTOR			ADDRE	\$\$		250 DATE	REC'D. BY REGISTRAR	25b. REGIST	BAR'S SIGNA	URE
	(VRA 15, 4)		1	M. C. MARC	CH F/F	H, INC.	1101	E. NORT	H AVENUE	MUV	1 9 1901	Julia di	Market Na. M.	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF BEATH REGISTRAR REG. NO DEVEASED NAME 2a DATE KNOWN X ESTI-11-19-87 DEATH MATED GREEN SR. JOHN 3 SEX 4. RACE 5 DATE OF BIRTH IF UNDER 1 YR IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY PRONOUNCED MALE 11-19-8710 BL ACK 10 15 72 YRS B: 46a DEAD 10 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OF MARRIED NEVER MARRIED FOREIGN COUNTRY) USA Baltimore City WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS DISABLED OR INDUSTRY NA Baltimore 350 Herring Court 3g STATE 136 COUNTY 134 INSIDE CITY LIMITS? 13e. STREET ADDRESS 350 HERRING COURT 21231 BALTIMORE 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT WASHINGTON. 578-03-5755 JOHN W. GREEN JR. 4612 NEW HAMPS 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease and PLETO SAS A CONSTRUENCE OF XXXX Conditions, if any, which (b) cachexia gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF USED AS A BURIAL OF HEALTH AND ME JRIAL CREMATION lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? DED TO THE CHIEF / E 3 SHOULD BE USED I DEPARTMENT OF HE 20 AUTOPSY? NO X 8 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH UNDERLYING 21e PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE NOT WHILE TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STA BALTIMORE, MARYLAND, 2 X 22a. I certify that I took charge of the remains described above, held an Inspection death resulted fram: Natural causes Suicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER DATE 11-19-87 SIGNATURE Margarita A. KorellM.D. 111 Penn Street EXAMINER'S NAME (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b DATE 23C NAME OF CEMETERY OR CREMATORY MD OWINGS MILLS, 11/23/87 GARRISON FOREST 07/84 24. FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR TRAR'S SIGNATURE **DHMH - 17** MARCH F/H, INC. 1101 E. NORTH AVENUE (VR A15 ME (5))



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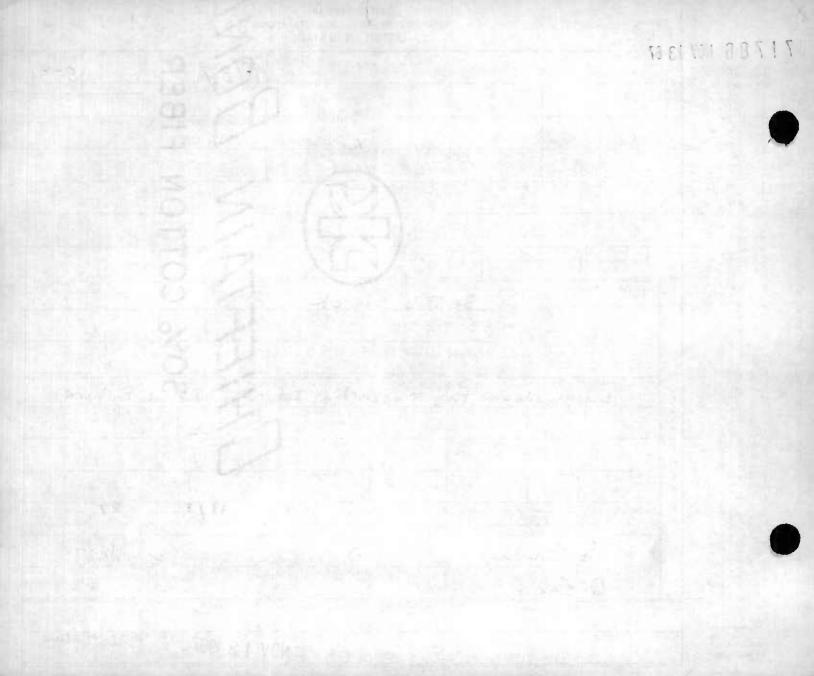
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH GISTRAR REG. NO POECEASED NAME 2a DATE OF DEATH 2h HOUR THYPE OR PRINTI 4. RACE IF UNDER 24 HR 1 SEX 6. AGE TIN YEARS LAST BIRTHDAYS IF UNDER I YEAR EMALE YEAR o. BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED I CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12n USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOTHINGUCH FACILITY, GIVE STREET ADDRESS) HOUSEWIFE AND HOME HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION USUAL RESIDENCE HE NURSING #21215 1134 INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP, CODE 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME HERMAN REBECCA 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT MR. PAUL GREENE OBALTO. DAMD APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT II CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 21h. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO PAUSE OF DEATH HOUR A.M. MONTH LOAY YEAR (IF EITHER NOTIL ALEXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION CITY OR TOWN AT HOME STREET FACTORY, CHICE, FARM ETC) NO! WHILE 22s.1 certify that (II (this haspital) aftended the deceased from and that in (my) (aur) apinian death accurred an the date and have and fram the causes stated above, (f) (we) (did) (dig/mot 276. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME THE COMPUTE 22e. ADDRESS 230 BURIAL CREMATION REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY BURIAL DEC.1,1987 HAR ZION TIFERETH ISRAEL ROSEDALE SOL LEVINSON & BROS., INC. 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 6010 REISTERSTOWN RD. 21215 BALTO., MD (VRA 15, 4)

074815 FEE-BET

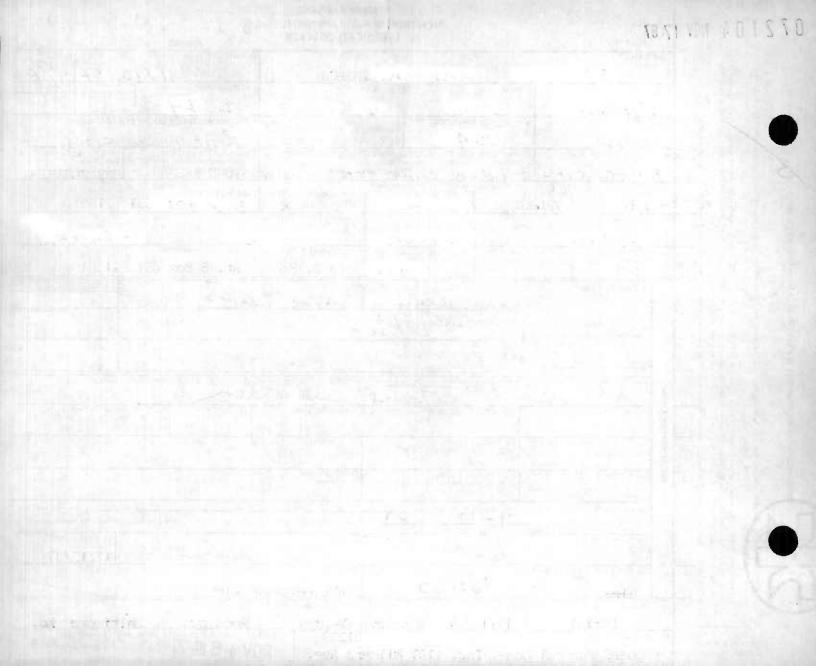
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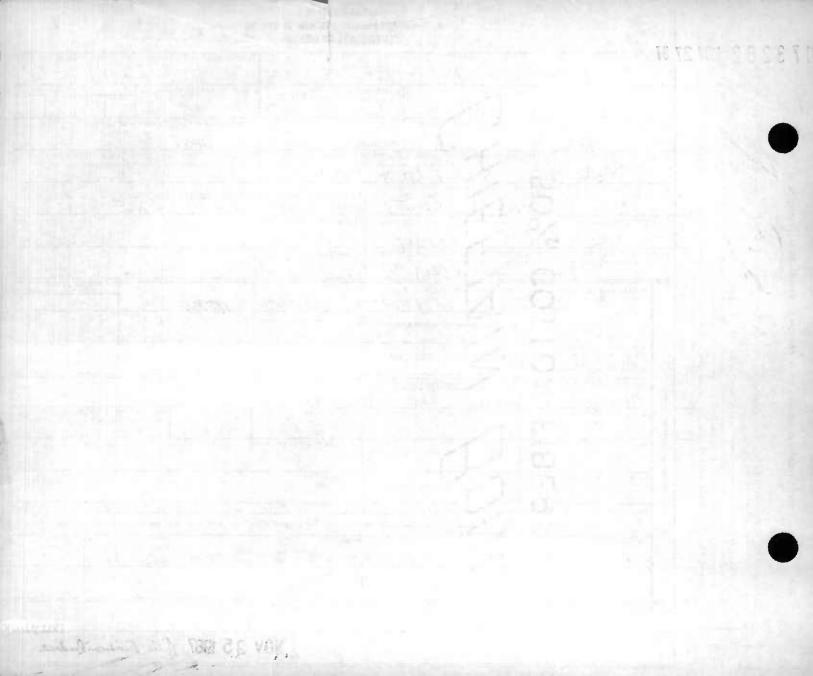
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STATE OF MARYLAND



			REGISTRAR EASED NAME FIRST	MIDDLE		CERTIFICATE OF D		REG. N O. DATE OF DEATH	O	YEAR 2b. H
E 40		Stant	ELEAN	OR . C.	E.	GRISBACH			11/12	1873
0.0	3071	1. SE		4. RACE		DATE OF BIRTH	YEAR	. AGE (IN YEARS LAST BE	TINDAY) IF UN	DER I YEAR IF UN
on of		/	FEMALE	WHITE		6 7	13	74	YRS.	
130	86		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY?	MARRIED NEVER	MARRIED T	BALTIMORE CITY		DEATH
(1)	6/		TY OR TOWN OF DEATH	U.S.A.		HOME OR OTHER INST	VORCED	15al Fil		CITY B. KIND GEBUS
11 (X	1	alto city	(IF NOT IN SUCH FACE MERICALIAN	LITY, GIVE STREET ADD			TYPE OF WORK FOR MOST	OF WORKING (IFE)	NOUSTRY CLEA
11/	步		AL RESIDENCE (IF NURSING HOME O						L DIX	KI CLEB
100	重り		RYLAND TAL		EASTON	13d. INSIDE C	NO X	RT. 5 BO	x 451	21601
100	Dow	4. FA	THER S NAME	MIDDLE	LAST	15. MOTHER'S	S MAIDEN NAMI	MIDDLE		ŁAST.
10	40	1	JOSEPH		GRISBACH		ORGIA			FENWAR
12.6	3/1			IVE WAR OR DATES!	SOCIAL SECURIT			ADDR		4.607
Series of Po	1		NO	[2]	18-10-00)12 Ruth A	. Frost	Rt. 5 Bo	x 451 2	1601
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200	1		Conditions if any bish	/	rep	Ses	V			
10 01	0		Conditions, if ony, which	(b)	-	10-1				
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282	6		underlying couse lost.	(e)						
ple	ō		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRI	BUTING TO DE	ATH BUT NOT RELATED	TO THE TERMIN	A DISEASE OR CON	DITION GIVEN I	V PART 10
770	6	Z	ASCULO		e Ta	. 0	Jacobs	lan		
10	-	CATION	190 DATE OF OPERATION	LIGH CONDITION	EOB WHICH OF	PERATION WAS PERFO	BALED	20a AUTOPSY?	Tanh IF YES WE	RE FINDINGS L
45 5	6/	Ď.	DATE OF OPERATION	148. CONDITION	FOR WHICH OF	EKATION WAS PERFC	KMED	200 AUTOFST:		CAUSES OF D
2.6.6	6/	CERTIF						YES NO	YES	NO
the per	4 5	8	21a. ACCIDENT WAS UNDERLYING			21c HOW IN	JURY OCCURRE	D (ENTER NATURE OF INJE	IRY IN ITEM 18 PART 1	OR PART 2)
yucian cate has anut pe Hygiene	60/	7	OR CONTRIBUTING CAUSE OF DE	AID.	MONTH DAY	TEAR 19				
physician reflicate has al-transit per tal Hygiere	1		(IF EITHER, NOTIFY MEDICAL EXAMINE							
	4	용	214 INTURY OCCUPPED	214 DIACE OF IN	ILIDA		N.			COUNTY
	Ador Man 18	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF IN.	CTORY, OFFICE, FARM	211. LOCATIO	NC	CITY OR TO	OWN	
	Street or New 18	MEDIC	21d. INJURY OCCURRED NOT WHILE AT WORK	216, PLACE OF IN. (AT HOME STREET, PAI	JURY CTORY, OFFICE, FARM	211. LOCATIO	ON	CITY OR TO	OWN (
	S worked or New 18	MEDIC	NOT WHILE	(AT HOME STREET, FAC	ACTORY, OFFICE, FARM	211. LOCATIO	_, 19	CITY OR TO		, that
	21 is marked or them 18	MEDIC	NOT WHILE AT WORK 220. I certify that (I) this has	(AT HOME STREET, FAC	edind from	A ETC.) 211. LOCATION STREET	_, 19		, 19_	
	m 21 is marked or liess 18	MEDIC	220.1 certify that (I) this hour saw the deceased alive or above. (I) well (iii)	(AT HOME STREET, FAC	edind from	211. LOCATION STREET	_, 19	_, to	, 19_	d from the couse
	I llem 21 is marked or llem 18	MEDIC	NOT WHILE AT WORK 220. I certify that (I) this has	(AT HOME STREET, FAC	edind from	211. LOCATK STREET and that in (my) DEGREE	_, 19_ (our) opinion de	_, to oth occurred on the c	, 19_ lote and hour and	d from the couse
or the hospital or attending physical ALD RECTOR. After this certifical delicibled for use or the burnal-transfer one Dept. of Health and Mental Hy	Nem 21 is marked or New J	MEDIC	220.1 certify that (I) (this hosp saw the deceased alive as above. (I) (we) (did) (did no 27b. SIGNATURE	(AT HOME STREET, FAC	edind from	a. ETC.) 211. LOCATION STREET and that in (my) DEGREE	_, 19 (our) opinion de ATTENDING PHYSICIAN _	_, to	lote and hour and	from the couse
by the hospital or attending physics. ERAL DIRECTOR: After this certificate defended for use as the buring-from State Dept. of Health and Merital Hy.	ANT; If Nem 21 is marked or Nem.	MEDIC	220.1 certify that (I) this hour saw the deceased alive or above. (I) well (iii)	pital) attended the dece	edied from	a. ETC.) 211. LOCATION STREET and that in (my) DEGREE	_, 19 (our) opinion de ATTENDING PHYSICIAN _	, to oth occurred on the c	lote and hour and	from the couse
by the hospital or attending physics. ERAL DIRECTOR: After this certificate defended for use as the buring-from State Dept. of Health and Merital Hy.	Nem 21 is marked or New J	MEDIC	220.1 certify that (I) (this hosp saw the deceased alive as above. (I) (we) (did) (did no 27b. SIGNATURE	pital) attended the dece	edied from	and that in (my) DEGREE 220. ADDRES	_, 19	, to	lote and hour and	from the couse
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by the hospital or attending physics. ERAL DIRECTOR: After this certificate defended for use as the buring-from State Dept. of Health and Merital Hy.	ANT; If Nem 21 is marked or Nem.	230. 8	220.1 certify that (I) (this hosp saw the deceased alive as above. (I) (we) (did) (did no 27b. SIGNATURE	pital) attended the dece	eased fram death,	and that in (my) DEGREE 220. ADDRES		, to	iote and hour and	that the couse 22c. DATE SIGN 11/13/8





HOME MASOUN N. CENTRAIN

24. FUNERAL DIRECTOR

DHMH - 16 50M 1/81

(VRA 15, 4)

250. DATE REC'D. BY REGISTRAR 251. REGISTRAR'S SIGNATURE

Julia Disordion- Ka

F F WOW 0		FOR STATE REGISTRAR	DI	PARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE /	9	1 0
5 5 HOV 31	0 वर	DECEASED NAME (AKAST	KAROLINA) MIDDLE		LAST	20 DATE OF DEATH	MONTH DAY Y	EAR 26 HOUR
noy be poge 3		CARRI	E -	GRY	GLEWSKA	NOVEMBE	R 24 1987	2:35 PM
T. poor	3.	SEX	4. RACE		DF BIRTH	6. AGE (IN YEARS LAST BIR	RTHDAY) IF UNDER I	DAYS HOURS MIN.
as of a		FEMALE	WHITE	FEB	. 10°1896 ****	91	YRS.	
dir.	170	I. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COL	INTRY? 8.	D NEVER MARRIED	9. BALTIMORE CITY C	R COUNTY OF DEA	TH
15 06	/	POLAND	U.S.A.	WIDOW	ED DIVORCED	BALTIMO:	RE CITY	MD.
by the fulled with	2	BALTIMORE	11. NAME OF HOSPITAL, (# NOT IN SUCH FACILITY, GF 3604 LYNDALE	VE STREET ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOMEMAKE)	OF WORKING LIFE) INDU	IND OF BUSINESS OR
oletely filled d 2 stroole d 2 stroole d 2 stroole		SUAL RESIDENCE (IF NURSING HOM 30. STATE 13b. CC	DUNTY 130 CITY C	CE BEFORE ADMISSION) OR TOWN TIMORE	13d. INSIDE CITY LIMITS?	3604 LYN	DALE AVE.	21213
ond 2 sh examiner	8	FATHER'S NAME FIRST ROBERT		ÎMMER	15. MOTHER'S MAIDEN NA FIRST JULTANA	MIDDLE		INSKI
Poges Poges medico	16	(YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATEST	AL SECURITY NO. 05-9861	IRENE WOOL	ADDRE SHLEGER (DG		ADDRESS
has been signed by the attending permit. Then please remove corbenese prior to burial, cremation, arrows only injury, or other traumatic	9	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICAN 1% DATE OF OPERATION 21g. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) IT CONDITIONS CONTRIBUTION 196. CONDITION FOR	NSEQUENCE OF		20a AUTOPSY?	20b. IF YES, WERE F	FINDINGS USED AUSES OF DEATH?
she sit	\exists	21g. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCUP	YES NO	YES DIEM IS PART I OR PA	NO []
riol-trientel		OR CONTRIBUTING CAUSE OF	INER) P.M.	TH DAY YEAR	211 LOCATION			
the bu	1	WHILE NO WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC)	STREET	CITY OF TO	OWN COUN	NTY STATE
TOR: After too use as at Health 21 is mark		220.1 certify that (I) (the saw the deceased alive above, (I) (the light) (did) (did		1907	nd that in (my) (our) apinion	, to to the death occurred an the d		, that (I) (we) last im the causes stated
ned by the has FUNERAL DIREC uld be detached the State Dept.		Our 1	O USER	\ Y		MEDICAL STA		125/07
TO FUNERAL E should be deto with the State		DR. COU	S OLSON			NORTH POINT	RD. 2126	4
P	2:	BURIAL, CREMATION, REMOV (SPECIFY) BURIAL	23b. DATE 11/27/87		CEMETERY OR CREMATORY ANTSLAUS	23d. LOCATION CITY OF TOWN BALTIMOF	COUNTY	MD . STATE
HMH - 16 50M 1/81 (VRA 15, 4)	24	FSCHIPTUNER FUNI		Brehms I	La	TE REC'D. BY REGISTRAR	25b. REGISTRAR'S SI	GNATURE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REG NO MIDDLE LAST 2n DATE OF DEATH DECEASED NAME 2b. HOUR (TYPE OR PRINT) EUGENE JOSEPH GUERRA NOVEMBER 23 198 6:45 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3 SEX 4 RACE 5. DATE OF BIRTH IF UNDER 24 HRS MONTH YEAR Male White 52 Sept. 26 35 To BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY BALTIMORE Maryland USA WIDOWED DIVORCED [CITY IS CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12n USUAL OCCUPATION 176 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY BALTIMORE Self-Employed Car Lot JOHNS HOPKINS HOSPITAL ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13g. STATE 113h COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Harford Forest Hill 2323 Rockspring Road, 21050 Maryland NO X 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE MIDDLE G. Alice J. Henry Joseph Guerra ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO 17 INFORMANT (IF YES GIVE WAR OR DATES) 115-44-2046 115-44-2046 Alice J. Guerra, 3708 Annapolis Road No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY. ardiopulmougry This IMMEDIATE CAUSE 10 In Fartion 12hrs Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Ita 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 28a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOL NO [71a ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIE FITHER NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 11d INJURY OCCURRED 21e. PLACE OF INJURY COUNTY CITY OR TOWN STREET (AT HOME STREET, FACTORY OFFICE FARM ETC) NOT WHILE WHILE 220.1 certify that (1) (this hospital) attended the deceased fram. saw the deceased give an abave, (1) (we) (did)(did not) view the bady after death. and that in (my) (aur) apinian death accurred an the date and have and from the causes stated GINATURE DEGREE 77c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 274 PHYSICIAN'S NAME LITYPE OF PRINT 22e ADDRESS 23a BURIAL CREMATION, REMOVAL 73b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) Cedar Hill Cemetery Brooklyn Park A.A. Maryland 11/27/87 Burial 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S. SIGNATURE 24 FUNERAL DIRECTOR 21229 DHMH - 16 60M 7/84 Hubbard Funeral Home, Inc., 4107 Wilkens Ave. (VRA 15, 4)

A PARTICULAR CONTRACTOR OF THE
Figure 1 Trade to the state of
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO INDECEASED NAME MIDDLE 2a. DATE OF DEATH 2b. HOUR (TYPE OR PRINT) death 11/11/87 MARY BERNADETTE GHERTN 4. RACE 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS July OS. Female. White To BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED COUNTRY Maryland USA WIDOWED [DIVORCED [] BALTIMORE CITY 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR 12a USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE CITY BALTIMORE, MARYLAND 21201 Clerk Drug firm USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13c. CITY OF TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? 1027 Valley Street, 21213 Baltimore Maryland YES X NO 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST MIDDLE John Mulligan Francis Guerin Regina Marv 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT IYES, NO OR UNKNOWN) IF YES, GIVE WAR OR DATES! 220-09-6863 Richard Guerin, 6511 Fairdel Avenue No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: TS4STOLE Minute IMMEDIATE CAUSE (a) DIVISION OF VITAL RECORDS, 201 W. PRESTON DUE TO, OR AS A CONSEQUENCE OF INFALCDON MYOCHROIAC Conditions, if ony, which gove rise to immediate couse (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION UERABROVITECULAR DISRAS8. prior 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? Hygiene NOF 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mental (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211. LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from..... sow the deceased alive on. , and that in (my) (aur) apinion death accurred on the date and haur and from the causes stated above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL STAFF ATTENDING shauld be deto PHYSICIAN DIRECTOR PHYSICIAN rehall MPORTANT: 22d PHYSICIAN'S NAME (TYPE OF PRINT) 220 ADDRESS STrans Mospatal SHORTHU 141AEL 900 Coton Ave Batemire Mo. 23d LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) 11/13/87 New Cathedral Cemetery Baltimore BP Burial 250. E A C'D BY BEG . 25 256. HEGISTRANS SIGNATURE 24 FUNERAL DIRECTOR 21229 DHMH - 16 50M 1/B1 (VRA 15, 4) Hubbard Funeral Home, Inc., 4107 Wilkens Ave.

BALTIMORE, MARYLAND 2120

PRESTON ST.

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201

DIVISION OF VITAL RECORDS,

FOR DETAILS STATE REGISTRAR		DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENĖ 🧡	REG. NO	. 1	9	3
EASED NAME FIRST		MIDDLE	L	AST	20 DATE OF D	EATH M	ONTH	DAY YEAR	2b. HOUR
OR PRINT)	RNEST	W. GI	JERNS	EV	Novemb	or 1	8, 1	1987	5100 P.M
101	4. RACE	W. Gt	5 DATE C		A AGE IN YEA			IF UNDER I YEAR	
			MONTH	DAY YEAR				MONTHS DAYS	HOURS MIN.
Male	Whi			ay 5, 1896	9		YRS.		
THPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMORE	ECITY OR	COUNTY	OF DEATH	
ndiana	USA	A	WIDOWE		Balti	more	Cit	.v	MD.
Y OR TOWN OF DEATH			NG HOME C	R OTHER INSTITUTION	12a USUAL OC	CCUPATIO	Ν	12b KIND	OF BUSINESS OR
22144		CH FACILITY, GIVE STREET			(TYPE OF WORK F				
Baltimore LRESIDENCE (# NURSING HO)		n Memor		ospital	Chemi	cal	Enqi	neer	BG&E
	OUNTY	136. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e.STREET AD	DRESS / 2	ZIP CODE		
MD		Balto.		YES 🕅 NO 🗌	830	W. 4	Oth	St.,	21211
THER'S NAME				15. MOTHER'S MAIDEN NA	ME				
John W	illiam	Guerns	1017	Julia	G.	MIDDLE			12.
AS DECEASED EVER IN U.S		Tibb SOCIAL SECT		17. INFORMANT	G.	ADDRES:	2	Owens	
S. NO OR UNKNOWN) (IF YE	S. GIVE WAR OR DATES)								
Yes W	WI	212 05	6530	Mrs. Mild:	red G.	Sme	alli	e,	MD
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last	DUE TO, C	OR AS A CONSEOU OR AS A CONSEOU	ENCE OF	NOT RELATED TO THE TERM		OR CONDI	TION GIV	FN IN PART 1	10
TAKE 2 OTHER STORY ICA	141 601401110143 6	OTTEN DE L'ALLE	DEATH BOT	NOT KEENTED TO THE TERM	III AL DISLASL (OK CONDI	11014 014	FIAMALWELL	
90 DATE OF OPERATION	196 CONE	OITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOP			S, WERE FIND YING CAUSE S	
210. ACCIDENT WAS UNDERLYIN		OF INJURY	. WE . B	21c. HOW INJURY OCCURE	RED (ENTER NATU	RE OF INJURY	IN ITEM 18 P	ART 1 OR PART 2)	
OR CONTRIBUTING CAUSE C									
(IF EITHER NOTIFY MEDICAL EXA		OF INJURY	19	211. LOCATION					
WHILE NOT WHILE	(AT HOME, S	TREET, FACTORY, OFFICE,		STREET		CITY OR TOW!	4	COUNTY	STATE
22a I certify that (I) (this I saw the deceased also above, (I) (we) (did) (d			87, or	id that in (my) (our) opinion (, to	on the date			that (1) (we) last causes stated
276. SIGNATURE	0			DEGREE				22c. DAT	SIGNED
thundily.	9 T.	1	- zu	ATTENDING PHYSICIAN I	MEDICAL DIRECTOR	STAFF		11-	19-87
224 PHYSICIAN'S NAME (VOE OR DRINGS	ul	0.00	22e ADDRESS	DIRECTOR	PHISICIA	(14 🗌		1 /
Dr Frank		calic)	(I)	7901 VONIT	Dond	Do 1	40	MD	

otic and Mental Hygiene prior to burial, crematian, injury, or other 18 sho 21 is morked or FUNERAL DIRECTOR: should be detached with the State Dept. MPORTANT: If Item 0

1. DECEASED NAME (TYPE OR PRINT)

Indiana

MD 4 FATHER'S NAME FIRST

(YES, NO OR UNKNOWN)

10. CITY OR TOWN OF DEATH

Baltimore

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION STATE

68 WAS DECEASED EVER IN U.S. ARMED FORCE

22d. PHYSICIAN'S NAME (TYPE OR PRINT) Franklin

230. BURIAL, CREMATION, REMOVAL

CERTIFICATION

AL

TO BIRTHPLACE (STATE OR FOREIGN

3. SEX

23b. DATE

DHMH - 16 60M 7/84 (VRA 15, 4)

Burial 11/21/87 24 FUNERAL DIRECTOR NAME

Dulaney Valley H.W. Jenkinson Sons Co.

236 NAME OF CEMETERY OR CREMATORY

23d. LOCATION CITY OR TOWN Balto.

County

STATE

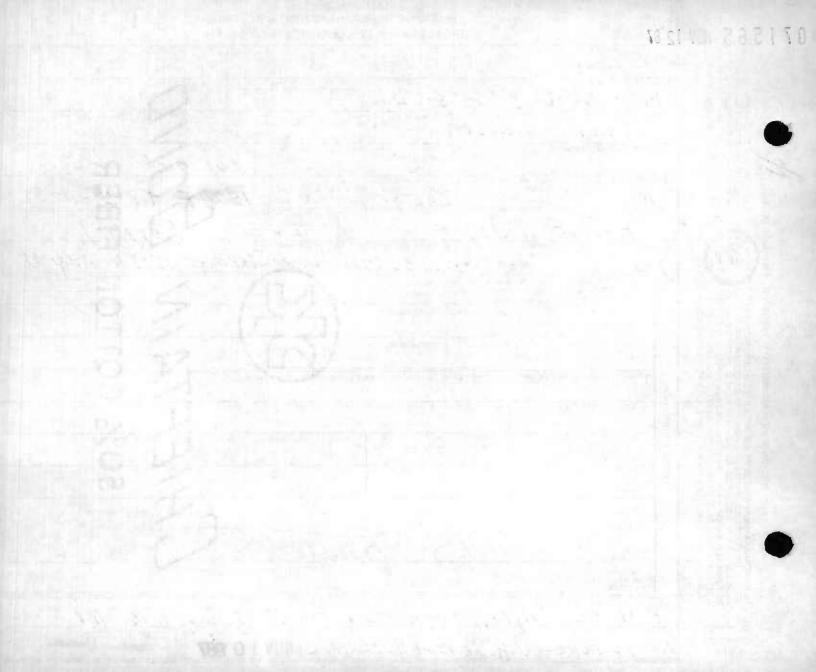
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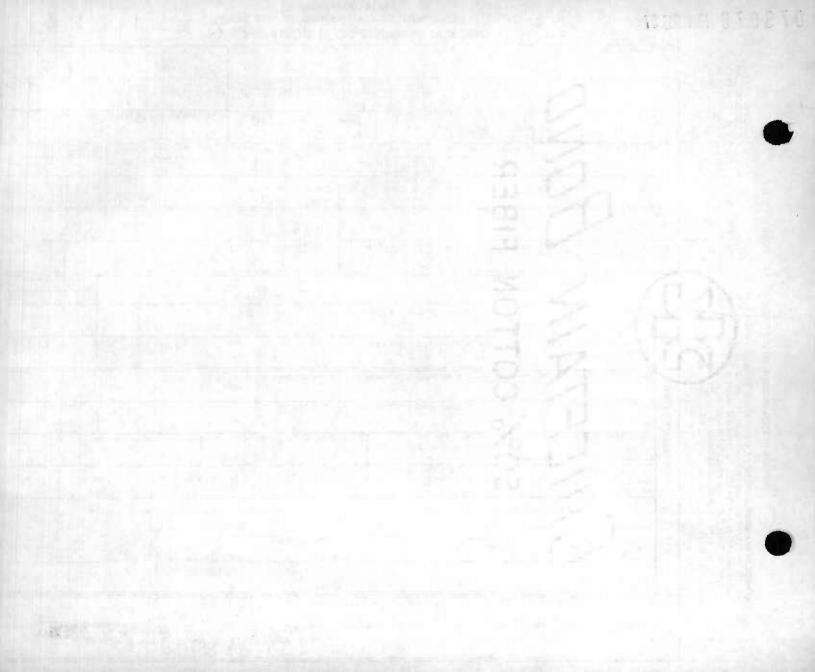
				- 1						E OF MARYLAND					
173	3 3 5	8	NOV	3	18	FOR STATE REGISTRAR		DEI	CERTIF	ICATE OF DEATH	AL HYGIEN H	REG. NO	3 1	9	14
		e 4			1. DEC	OR PRINT)	RST	MIDDLE	11 /	AST	20	DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
	ay be	page 3				AN		K.	Hack	remeister	2		11 24		318 AM
	де 4 т	of to			3. SE)	Female	Can	asian		F BIRTH	8	AGE (IN YEARS LAST BIRT	YRS.	THS DAYS	IF UNDER 24 HRS HOURS MIN.
	1	rof direc	onke.	4	9	RTHPLACE (STATE OR FOREI	GN 76. CITIZEN	OF WHAT COU	NTRY? 8. MARRIE	D NEVER MARRIE	ED 🗆 1.	BALTIMORE CITY O		DEATH	
	1	2 5	0_	4		Varyland	11 11445	U.S.A.	WIDOWI		D 🔲	BOCTIF	nore	City	MD.
2/	all of	by the fu	Coffeed	8		Baltimore	Univ	SUCH FACILITY, GIVE	STREET ADDRESS)	v 4 34		TYPE OF WORK FOR MOST O Housewife	F WORKING LIFE)	INDUSTRY	Maker
ND 2	24 hc	filled in ould be	must be	2	130 S		COUNTY	130 CITY OF	BEFORE JADMISSION) R TOWN MOTE	13d. INSIDE CITY LIM	AITS? 13	sireet address 3603 St	Margare	21 et Str	.225 reet
RYLA	vithin	2 sh	When	0	14. FA	THER'S NAME	WIDDLE	LA	ST.	15. MOTHER'S MAID	DENNAME	WIDDIE			
WA	ped	onple	S v	L		Wilhelm		Wi	rth		bette			eszin	ger
MORE, MARYLAND 2	o exec	Pages	medicol	1		AS DECEASED EVER IN L ES, NO OR UNKNOWN) (18	J.S. ARMED FORCES YES, GIVE WAR OR DATES	1	18-1826	Deborah	E. Jo	ohnson 382		Md 21 lyn A	225 ve Balto
MALT	1	Sicial pers.	- E			18 CAUSE OF DEATH (E	nter only one couse					/		BETWEEN	MATE INTERVAL ONSET AND DEATH
15	3 1	phy	even			PART I. DEATH WAS	CAUSED BY: MEDIATE CAUSE (0)	Co	ROLLO	sulmono	ary	arrest			N.
3	1		ofic				DUE TO	OR AS A CON		- /	0,				
PRESTO	qeo	offe	TO CH			Conditions, if any, wh		C	oronani	1 astery	alis	seale			
	hot the		or other traumatic event,			couse (a), stating		OR AS A CON	SEQUENCE OF			4			
DIVISION OF VITAL RECORDS, 201 W	Sires +	on g	3		7	PART 2 OTHER SIGNIFIC	ab.	1. 1		NOT RELATED TO TH		A	0 /	211	
ORD	9				CERTIFICATION	19a DATE OF OPERATION	Conses		cart f	N WAS PERFORMED		200 AUTOPSY?	20b. IF YES, V	EDE EINDIN	
REC	<u>0</u>		ws ony	4	FICA	196 DATE OF OPERATION	176 CO	ADITION FOR V	VHICH OFERATIO	IN WAS PERFORMED			IN CERTIFYIN	IG CAUSES	OF DEATH?
ITAL	The	cate h	or Item 18 shows	4	ERT	21g. ACCIDENT WAS UNDERLY	ING 216. TIM	E OF INJURY		21c HOW INJURY O	OCCURRED	YES NO	YES [но 🗌
٦.	Phy	certificate urial-tronsi	Item 18	9		OR CONTRIBUTING CAUS									
NO	1YSK ding	Is ce	ar Ite	1	MEDICAL	(IF EITHER NOTIFY MEDICALE 21d. INJURY OCCURRED		P.M. CE OF INJURY	19	211 LOCATION				COUNTY	STATE
VISI	G Pi	the th	marked ar	-	ME	WHILE NOT WHILE	[AT HOME	, STREET, FACTORY, (OFFICE, FARM, ETC)	STREET		CITY OR TO	WN	COUNTY	STATE
۵	N N	Se os	mar			22a.1 certify that (1) (the		the deceased	from II	125 , 19.	27	, to	1/26, 19.	87	that (() (we) lost
	TTEN	RECTOR:	21 is			sow the deceased o above, (1) we) (did)	live on)	Z Co	19_87.0	nd that in Day) (our) o	opinion dea	oth occurred on the do	ote and hour o	nd from the	couses stated
	DR ATT	IREC.	Hern Hern			Th SIGNATURE	0 1		0	DEGREE				22c. DATE	SIGNED /
	AL C	AL D	ANT: If			Dimbe	eles An	n M	1 Croa		CIAN []	MEDICAL STAF DIRECTOR PHYSIC	IAN/K		126/87
	O HOSPIT etained by	TO FUNERAL should be deta	ORTAN			Kimber	2ULA. 1	m Cre	a MD	220 ADDRESS	5.6	reene s	H. B	It. M	D ZIZO
	of of of	O de	× ×-			URIAL, CREMATION, REA			230 NAME OF	EMETERY OR CREMA		23d LOCATION	70,1		
	BP				4	Burial	11/2	8/87	Meadow	ridge Mem	Park	Baltimo:	re f	loward	Md
	DHMH	- 16 50M RA 15, 4			24 FO	eorge J. Gone	ce 4001 R	itchie^0	Higwy Bal	to Md	250 DATE R	2 7 1987	25h REGISTRA	PIS SIGNAT	Kindre
									_		1104				

Note that the second se

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3.7			1	FOR			DEPART	MENT OF	HEALTH	AND ME	ENTALHY	YGIENE,	3	3	1 9	0	
07	15	65 NOV	13	A CHISTRAD			MEDICAL	EXAMIN	ER'S C	ERTIFIC	CATEO	FOEAT	Н	REG. NO	,		
01	1 0	0 0 1101	- 6	DECEASED NAM	F FIRST		MIDDLE			LAST		20	DATE K	NOWN [-	DAY YEAR	Zb HOUR
			50	title cyfferio									OF	ESTI-		UA. ICAN	ZB HOOK
		PLEASE ECTOR FILES. HOURS STREET,		700	198 Robe	rt			Ha	all			DEATH /	MATED X	K 11-4	1 19 8	7 M
		あらまる話	3. :	SEX	4 RACE	5. DATE OF		6. AGE (IN YE	ARS IF UN	DER 1 YR.	IF UNDER 2				MONTH	DAY YEAR	2d HOUR
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-		SERVE	1	FOREIGN COUNTRY	. 1		5,7	41K1;	MARRI	ED NEV		D	BALTIMO	JAE CITT C	- COONIT	OFBEATH	
		IS DECESSARY, PLEASE E FUNERAL DIRECTOR. E 5 FOR YOUR FILES. ED, WITHIN 72 HOURS IW PRESTON STREET,		-	Nd.	VI	3111		WIDOW	ED 🗆	DIVORCE	D	Bal	timor	e City	7.	MD
		OSESTINA SECTION	10	CITY OR TOWN	OF DEATH		OF HOSPITAL, NU		, OR OTH	ER INSTITUT	ION	12a. USUAI	LOCCUPA	ATION (TYPE		L KIND OF B	USINESS
-	2		1	Baltimo	ro	152	SUCH FACILITY, GIVE S		'twood	L-		FORMOS	STOR WORK	NG LIFE)	340	OR INDUS	IRY
1		ND 3 TO ND 3 TO ETAIN P.	110		(IF IN NURSING HOME OF			eston S	our ee	Lo			2104	,,,,,	04	47.04	CA
-	21201	SEE SEE		STATE .	13b COUNT			ORTOWN	ONI	134 INSIDE CIT	TY LIMITS?	111-		1 Th	25/10	#10	Ci
	213	TA TO WHITE	1	Md		THE RESERVE AND ADDRESS OF THE PARTY.	BA	LTO.		YES-	NO 🗌	15%	91	7	KES!	ON	21
	ð	- 28 S	14	FATHER'S NAM	E	j				15. MOTHER	R'S MAIDEN	NAME		A STATE OF THE PARTY OF THE PAR			
	~	E-895		FIRST	1/11/	MIDDLE	カルカブ	LAST		- 519	DIE	A / m	MID	000	211.0	LAST	
	8	50 € TO -	0	///	770		DYCK			17. INFORM	- 7 /-	NI	(101	11/17	7	
	X/	E S O S S	100	YES, NO, OR UNKN	D EVER IN U.S. ARM		18 16b. SOC	CIAL SECURIT	Y NO.	IV INFORM	IANI	1	. / ,	ADDRESS	~ 21	0.1	4
	ALTIMOR	E SE SE SE	1	Y85		MAR.	31/44218	362	1231	vers	maj	TRRIN	981	150	3 N.	MACE	T
		POERS	7	I8 CAUSE O	OF DEATH (Enter anly		per line for (o) (b) and (c))								APPROXIMA	
	55	N S S S S S S S S S S S S S S S S S S S		PARTID	EATH WAS CAUSED	BY:	Arterio		tio (Cardia	172001	lar r	icon	00		BETWEEN ONS	ET AND DEATH
	PRESTON	VAN SERVE			IMMEDIATI	E CAUSE (a)				Laruro	vascu	ital L	IISEa	50			
	ST	ZZZZZZQ				DUE	TO, OR AS A CON	SEQUENCE	OF							TAX MA	
	2	VITHI VCIL I NER SANS TAL F			ins, if any, which ise to immediate	(b)										10000	
	3	NA SEE) stoting the under-	< ' '	TO, OR AS A CON	SEQUENCE	OF.								
	201	UTED W IN PEN EXAMII RIAL - TR		lying co	use last.												
		253855				(c)											
	RECORDS	HOULD BE EXECUTED WITHIN 24 FRD "FENDING" IN PENCIL IN ITEM. HIEF MEDICAL EXAMINER ALON USED AS A BURRAL "TRANSIT PER OF HEATH AND MENTAL HYGIE RIAL, CREMATION, OR REMOVAL	1.		IGNIFICANT CONDITIONS C	ONTRIBUTING T	D DEATH BUT NOT RELA	ITED TO THE TERM	INAL DISEASE	OR CONDITION	GIVEN IN PART	T 1 (a).					
	8	S S S S S S S S S S S S S S S S S S S	1	5													
		HIEF NED A SED A S	2	190 DATE O	POPERATION	19b. C	ONDITION FOR	WHICH OPER	ATION W.	AS PERFORM	MED?					20 AUTOPSY	(?
	VITAL	POUL NSED OF HIEF	1	2											100	VEC.	173 <i>r</i>
	>	200 M = 3 -		21a EVTERNI	AL CAUSE WAS	21b T	IME OF INJURY		Ta1. 110	2247 124 124 1224	00000000					YES 🗌	NO XX
	0	TAN TOWN			_		JR A.M. MONTH	DAY YEAR	R ZIC MC	OW INJURY	OCCURRED) LENTER NAT	URE OF INJUI	RY IN ITEM 18 I	PART I OR PART :	2)	
	NO.	THE TO THE NOULE OR TO OR TO		CONTRIBUT	ING CAUSE OF D	EATH	P.M.	19									
	DIVISION	HIS CERTIFICATE SH WRITING THE WOR VARDED TO THE CI AGE 3 SHOULD BE U ATE DEPARTMENT (CONTRIBUT 21d. INJURY WHILE	OCCURRED		PLACE OF INJURY			CATION						111111111	
	2	SE S	3	WHILE	NOT WHILE AT WORK	STR	REET, FACTORY, FARM, E	TC.)	2.	TREET		(CITY OR TOWN	N	COUN	TY	STATE
		I: THIS CERTIFIC IE, WRITING THE SPACE 3 SHOU STATE DEPART STATE DEPART () 21201 PRIOR		AT WORK	AT WORK												
		E S. ID.		22a. I cert	ify that I took charge	af the remo	oins described obo	ve held an	Autops	y	Inspection	XX.	Inquiry	an an	d in my opin	ion	
		NO TOTAL		deoth resul	and for the American	al causes XX	Arcidens	TI E		Homes			nined mon				
		CERTIFICA ULD BE FC DIRECTOI WITH THI		geom resul	red from: / Noture	ai conses VIV	A Common	, PU	ICIDO			Undetern	ninea mon	iner,			
		X 8 2 2 3 4		ACTUAL	11010	0004	0/4	. 16	h 1/1	TITLE (SP					DATE		
		AH SEE H		SIGNATURE	ren	ucy	1	ARG "	100K	1 AS80	stant	MEDICA	AL EXAMI	NER	SIGNED.	11-6	5-87
		NOR NOR	21					./1									
		TO MEDIO EXECUTE PAGE 4 S TO FUNE AFTER DE	700	EXAMINER'S	NAME Denn	is F.	Smyth, N	V.D.		ADDRESS	111 P	enn S	st.,	Balto	.,Md.	2120	
		TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE ST, BALTIMORE, MARYLAND, 2	73		TION, REMOVAL 23	h DATE	122- 1	NAME OF CE			RY	23d. LOC/	ATION				
			13	1772 11/1 /	PI	11/1	1000	BIRDI	CKN	0	6.	CITY OR	TOWN	mi	10 COUNTY	nd.	STATE
	07/84 25M	BP	-	1)01'	1.1	110	18/17	MAKI	2011	rore		WAX.	mas	1 Mu	6 11	11 1.	
	MCS	DHMH - 17	24	FUNERAL DIRE	LIOR	1 11	ADDRESS		- 7	2	DATE RE	EC'D. BY RE	EGISTRAR		STRAR'S SIG		
		(VR A15 ME (5))	1	aaks	FUNERR	1 Ho	m F 130	4 NO	-CNI	RAL	NUV 1	1 0 19	187	- 1 - 1 M	I'N GOOM	Mandelle	The state of



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0 1	3010 1101	KIL	REGISTRAR				XAMINE				POEAT		REG. N	10	7 1	-	
			CEASED NAME	FIRST		MIDDLE		-	LAST		20	DATE KI	NOWN	X MONTH	DAY	YEAR 26	HOUR
	SE. ES. ET,	(100	CORPRINT	Jessi	ca	Ann		H	all			OF DEATH A	MATED [O 11/	22/19	87	M
	DIRECTOR. DIRECTOR. OUR FILES. TO HOURS	3 SE		4. RACE	DATE OF BIRTH	YEAR	LAST BIRTHDAY		DER 1 YR.	IF UNDER		. DATE	*FD	MONTH	DAY	YEAR 2d	12:2
+-	ON O	Ki	emale	black		953	34 YRS.			1.09.5		DEAD			22/19	8/	PM
	報報を重要	In B	RTHPLACE (ST PREIGN COUNTRY)		76. CITIZEN OF WH.	AT COUNT				VER MARRIE	ED U			OR COUNT		TH	
	S S S S S S S S S S S S S S S S S S S	10 C	TY OR TOWN (Md	U S A	PITAL NURS		WIDOW		DIVORCE		Balti LOCCUPA		City	126 KIND	OF BLISIN	MD.
	A STATE OF THE STA			imore	2018 N.	ILITY GIVE STR	EET ADDRESS)		LK 11431110	11014	FOR MO	ST OF WORKIN	NG LIFE)			DUSTRY	1233
	- SOE		AL RESIDENCE	IF IN NURSING HOME OR	OTHER INSTITUTION, GIVI	E RESIDENCE BI	EFORE ADMISSION)				nemp1					
	AND AND SECTION OF SEC	130. 5	Md	13b. COUNTY			imore		13d INSIDE CI	NO [13e. STREE			alou	Stree	17	
	W FUERS	14. F.	ATHER'S NAME		MIDDLE		AST		15. MOTHE	ER'S MAIDE		MIDE		arou	LAST		
	A TANASA		Herber		Lee		ore, Si	r		lrey		MIDL	DEC			son	
	MAN DESCRIPTION OF THE PARTY OF	16a. \	VAS DECEASED	EVER IN U.S. ARMI	ED FORCES? AR OR DATES)		AL SECURITY N		17. INFORM	THAM			ADDRES	S			
	A S A S A S A S A S A S A S A S A S A S		No				64-5402	2	Audr	ey B	rown	12	4 W.	Fran			
	ST.		18 CAUSE OF	F DEATH (Enter only ATH WAS CAUSED	one couse per line f BY:	for (a), (b),	and (c).)	coni	c Alco	oholis	sm				BETWEEN	XIMATE INTI	D DE ATH
	DS, 201 W. PRESTON ST. XECUTED WITHIN 24 HOLL GV. IN PENCIL IN ITEM 16 CAL EXAMINER ALONG BURAL—TRANSIT PERMIT AND MENTAL HYGIENE, ATION, OR REMOVAL.	1		IMMEDIATE		AS A CONS	EQUENCE OF		0 1110	OHOTH	Oiti						
	WITHIN NCIL IN VINER A RANSIT ATAL HY	-		s, if any, which	00210,011	10 /1 00/10	LOOLINGE OF										
	* YYEREN	3	couse (a)	e to immediate stating the <u>under-</u>	DUE TO, OR A	AS A CONS	EOUENCE OF					100					
	ZOI IN P EXA RIAL ON,		lying caus	se lost,	(c)												
	IL RECORDS, 2011 VILLO BE EXECUTED VILLO BE EXECU	7	PART 2 OTHER SIG	NIFICANI CONDITIONS CO	NIRIRUTING 10 DEATH R	UT NOT RELATE	O TO THE TERMINA	L OISEASE	OR CONDITION	N GIVEN IN PAR	IT 1 (a)			10			
	VITAL RECORDS SHOULD BE EXE OND "PENDING" CHIEF MEDICAL T OF HEALTH AN URIAL, CREMAT	CERTIFICATION	190. DATE OF	OPERATION	TIAL CONDITI	ON FOR W	HICH OPERAT	TONI W	A C DEDECOR	AAED?						2000	
		FICA	I TALL OF	O'EKATION	178. CONDIT	ON FOR W	THEIT OF ERA	1014 447	43 PERFOR	MED;					20 AUTO	11	
	WORD WORD WORD HE CHII	FR	210. EXTERNA	L CAUSE WAS	216 TIME OF			21c. HC	W INJURY	OCCURRED	D (ENTERNAT	TURE OF INJUR	RY IN ITEM 18	S PART I OR PA			10 🗆
	SE S		UNDERLYING	OR IG CAUSE OF DE	HOUR A.M.	MONTH I	DAY YEAR										
	DIVISION OF VIT. S. CERTIFICATE SHA RIGED TO THE CH SE 3 SHOULD BE UE DE DEPARTMENTO OI PRIOR TO BUT	MEDICAL	21d. INJURY O	CCURRED	21e PLACE O		(AT HOME,	21f. LOC	ATION	919 9		CITY OR TOWN					*****
	I	5	AT WORK	NOT WHILE	officer, Facing	2n 1, 1 Anm, E1 (,		ALL!			LIIT OR TOWN		200	UNTY		STATE
	ATE, T ORW ORW: P. P. HE ST VD, 2		220 certif	y that I took charge	of the remains desc	/ ribed obov	e, held an	Autops	X	Inspection		Inquiry []. 。	and in my op	oinian		
	EXAMINER: CERTIFICATE JLD BE FOR DIRECTOR: WITH THE: WARYLAND,	15	death resulte	d from: Natura	Leauses I	Acident [], / Succe	de	Homic	cide .	Undeterr	mined mani	ner .				
	EXAA CERTI UID B DIRE WARY	10	ACTUAL /	(00.	124	4	10 mi		UUU CUUBONEE (857)	PEC(FY)				DATE	11/2	2/07	
	SHAN SHAN		SIGNATURE_	wein	10 M	negr	9100	CCH	ASS.	istan	MEDIC	AL EXAMIN	VER	SIGNE	11/2	3/0/	
	AEDIC CUTE TI SE 4 SF FUNER ER DEA		EXAMINER'S I	NAME Deni	nis F. Sm	yth,	M.D.		ADDRESS_	111	Penn	St.,	Bal	to.,	Md. 2	1201	
	TO MEDICAL EXAMINER: IT EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PATER DEATH, WITH THE SIT BAJTIMORE, MARYLAND, 2	23a.B	URIAL, CREMAT	ION, REMOVAL 23E			AME OF CEME				23d. LOC.						
	7/84 BP	(Buria	al 11	1/25/87	Mt	Zion Ce	emet	ery			andsd	own	COUP	NIA	STATE	d
2	5M DHMH - 17	100	UNERAL DIREC	TOR	ADDRESS					250 DATE'R		EGISTRAR		ISTR DS S	IGNAT	dell.	
	(VR A15 ME (5))	1	Vm. C. N	March F/H	West 430	0 Wab	ash Ave	enue		NOV	24	1981	0				1



0 0/3+0EC -3 8		Item 16b, 1-18-88 FOR STATE per funer REGISTRAR	N	PARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	4	3 1 9	1 3
0 00 1420		CEASED NAME FIRST	MIDDIE	L/	NST	REG. No.		YEAR 2h HOUR
may be page 3		OR PRINT) Willia	um Henry	7	Hall	November	30 1987	
ge 4 may	3. SE	Male	White	5 DATE O	DAY YEAR	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER MONTHS YRS.	TYEAR WUNDER 24 HRS. DAYS HOURS MIN.
nerol dire		RTHPLACE (STATE OR FOREIGN 7 OUNTRY) Aryland	U.S.A.	INTRY? 8. MARRIEI WIDOWE	NEVER MARRIED	9 BALTIMORE CITY O	re City	ATH
by the fur	В	altimore	1. NAME OF HOSPITAL, 2220 LSSEX	NURSING HOME O VESTREET ADDRESS) Street		12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O Proprieto	F WORKING LIFE) INDI	KIND OF BUSINESS OR
NG PHYSICIAN: The low requires that the death certificate be excent and the hour cottending physician. After this certificate has been signed by the attending physician and coping on the burial-transit permit. Then please remove carbon papers, Page that and Mental Hygiene prior to burial, cremation, or removal. It and Mental 8 shows gray injury, or other traumatic event, the medical commitments to acked or Hem.)	IIn S	Jan Jan Land	IN CITY C	ce before admission) OR TOWN IMOTE	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS A 2228 Esse		21231
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TTENDIN pital ar TTOR: Al for use of theolt 21 is ma		220.1 certify that (1) (this hospital saw the deceased alive on above, (1) (we) (did) (did not	11/13/87	19	d that is (my) (our) opinion.	, 10	ote and hour and fr	, that (we) lost om the couses stated
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DEPARTMENT OF HEALTH AND MENTAL HYGIEND STATE STATE REGISTRAR CERTIFICATE OF DEATH DECEASED NAME LAST 2a. DATE OF DEATH MARX M. HAMILL TYPE OR PRINTS poge r dear 3. SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) MONTH DAY YEAR 9 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE SAM ARITAN HOSP SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13 CITY OR TOWN 13a. STATE 136 COUNTY 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLI 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Pu YES, NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE WHILE AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on_ above, (I) (we) (did) (did not) view the body after death 226. SIGNATURE DEGREE

VLMONARY CANCER PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OF TOWN COUNTY STATE and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS HOSPITA SAMARITANI 23b DATE 23r. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY 25a. DATE REC'D. 8Y REGISTRAR 25b. REGISTRAR'S SIGNATURE

STATE OF MARYLAND

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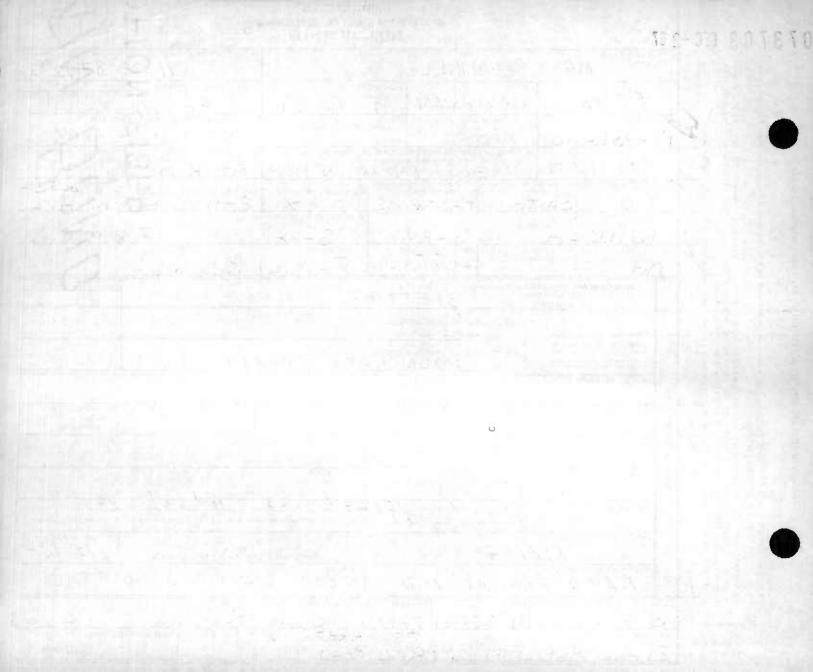
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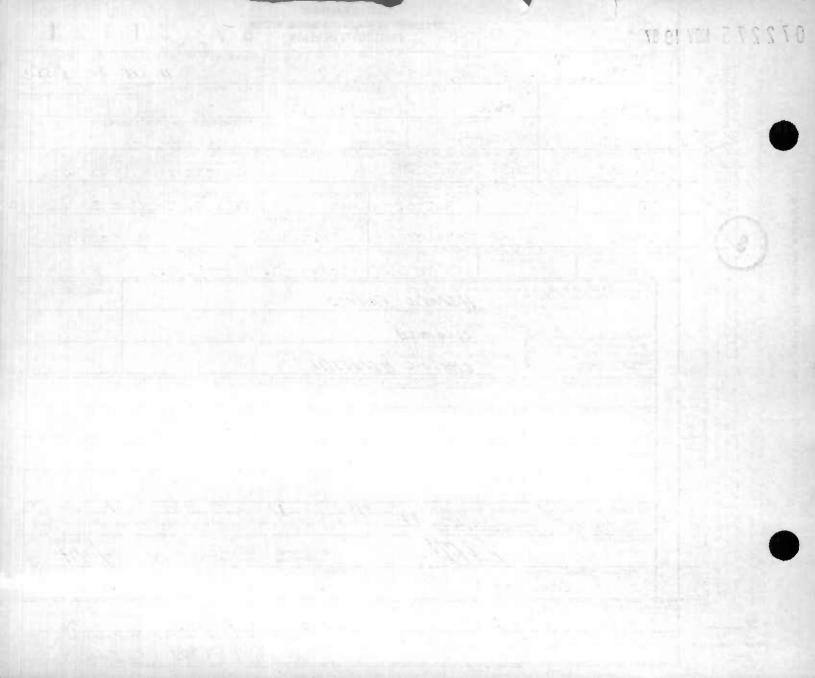
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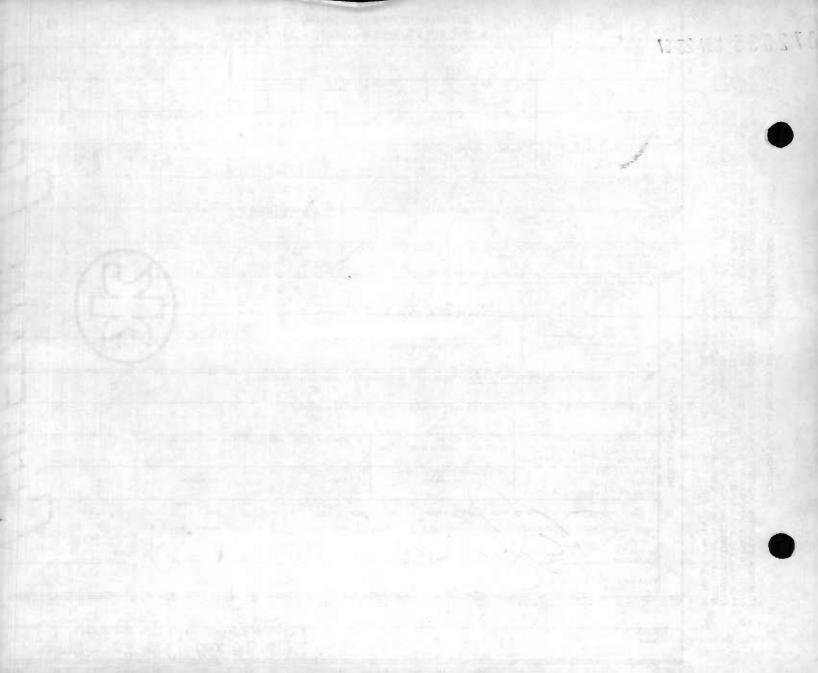
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	ge 4 moy b ector, poge rs offer dea	3. SEX Female	1. RACE white	5. DATE OFBIRTH MONTH DAY 9 30 114		IF UNDER I YEAR IF UNDER 74 HRS.
	death. Par funeral dir thin 72 hou	10. BIRTHPLACE (STATE OR FOREIGN Pennsylvania	76 CITIZEN OF WHAT COUN	TRY? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY OF B.	. /
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٥	TIEN TIOR for us of He	220.1 certify that from his had sow the deceased alive above (1) (w.e.) (died) (died)	on other deceased from the local sed from the local	om 100 3 19 87 19 87, and that in (m) (our) opinion	death occurred on the date and hour	9_8_7, that (1)(we) lost ond from the causes stated
	OR DORE Dep The	22b. SIGNATURE	Town	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED, 11/06/87
	TO HOSPITAL retained by the TO FUNERAL should be detrimined with the State IMPORTANT:	ALEX 1	PEORPRINT)		3A Himore	Gen- Hosp.
	BP	23g BURIAL, CREMATION, REMOV		23. NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery		A.A. Md.
	DHMH - 16 60M 7/84 (VRA 15, 4)	24 FUNERAL DIRECTOR George J. Gonce	4001 Rit Baltimor	chie Hwy. Re Md. 21225	9 1987 Julia De	RAR'S SIGNATURE

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BALTIMORE, MD. 21201 B. AFTER DEATH, IF ANY GIVE PAGES 1, 2, AND FILTH COMP. PM. 3, PETA FILTH COMP.	0	LEROY		MIDDLE	_	RGROVE		15 MOTHER'S NETTI	ΙE	NAME	MIDDLE		EPPERS!	ON
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BOVISION OF VITAL RECORDS, 201 W. PRESTON ST., S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR RITING THE WORD "PENDING" IN PENCIL IN 11EM B. RED TO THE CHIEF MEDICAL EXAMINER ALCOPERATE SHOULD BE USED AS A BURIAL. TRANSIT FEMILE SEPARATION, OR REMOVALOR PRICES OF PRICE TO BURIAL, CREMATION, OR REMOVAL		TB. CAUSE OF DEAT PART I DEATH W Conditions, if gave rise to cause (a) stating lying couse last. PART 2 OTHER SIGNIFICAN	/AS CAUSED B IMMEDIATE any, which immediate g the under-	CAUSE (a) Chr (b) Chr (b) Chr (b) Chr (b) Chr (b) Chr (b) Chr	CONICOB	STPUCTI SOUNCER	¥M int	lmonary E fection (tuber	culosis)	olicated)	by	APPROXIMAT BETWEEN ONSE	T AND DEATH
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TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN THE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF REDICAL EXAMINER ALD FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT HATER PEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIR BALTIMORE, MARYLAND, 21201 PRIQR TO BURIAL, CREMATION, OR REMOVA	/	death resulted from ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)	15	chuser D.	Accident Accident Accident Accident	del	Autoon Om	Homicide TITLE (SPEC Chief	CIFY)	UndetermineMEDICALE	ed monner [11-21-	
07/84 BP	- (:	BURIAL UNERAL DIRECTOR		DATE 11/25/87	1	BUTUS			10	ARBUT		COUNT	M[TATE)
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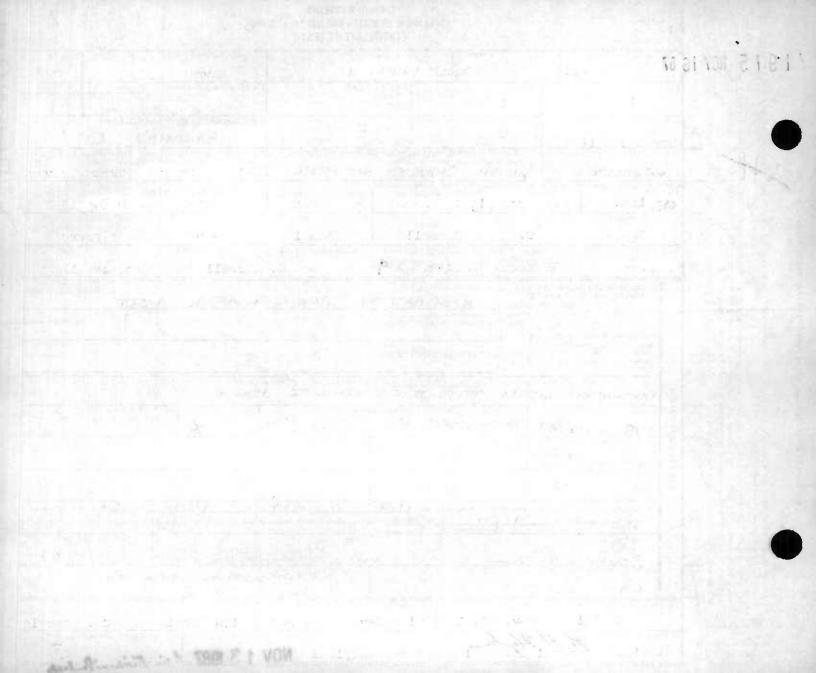


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 072314 NOV CERTIFICATE OF DEATH REG. NO 1. DECEASED NAME 20. DATE OF DEATH 25 HOUR TYPE OR PRINTS GEORGE H. HARMON NOVEMBER 16 09:18 1987 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS 23 37 BLACK MALE 50 TO BIRTHPLACE (STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE CITY MD USA WIDOWED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
THE JOHNS HOPKINS HOSPITAL (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY CUSTODIAN SCHOOL BALTIMORE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13b COUNTY 13c. CITY OR TOWN 136 STREET ADDRESS / ZIP CODE 2526 JACQUELINE 13d INSIDE CITY LIMITS? DE WILMINGTON YES X 4. FATHER'S NAME GEORGE MIDDLE MARGARET SMITH HARMON R. 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO ADDRESS 17 INFORMANT (YES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 220-28-1686 BETTY HARMON 718 LLOYD STREET CHESTER PA APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for 101, (b), and (c))
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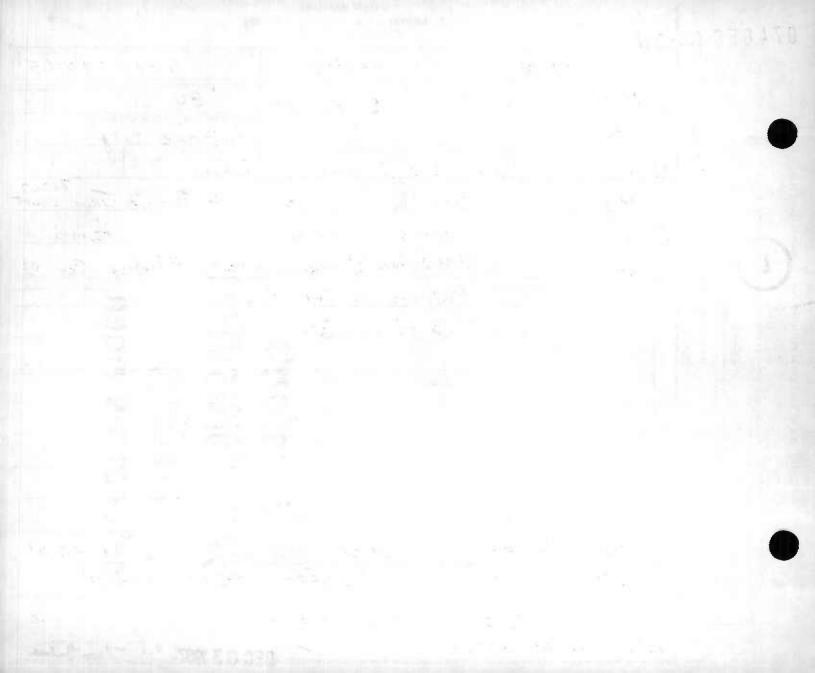
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11154 NOV -	9 6	STATE REGISTRAR	DEPAP	CERTIFICATE OF DEATH	REG. NO.	1 7 6 0
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4 may be or, page 3 ofter death	3. SE		1. RACE WHITE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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ORE, M		WILL CAMP NAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GI	IVE WAR OR DATES)	CURITY NO. 17. INFORMANT	ADDRESS 7	8 KINGS RD
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DHMH - 16 60M 7/84		FUNERAL DIRECTOR M. C. March F/H Wes	t 4300 Wabash ADI	DRESS		REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNA	TURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES 074046 DEC CERTIFICATE OF DEATH 1. DECEASED NAME 20 DATE OF DEATH 26 HOUR (TYPE OR PRINT) 11:15p Emma Harris November 27,1987 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 3 SEX 08 1893 Female. Black May TO BIRTHPLACE ISTATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Baltimore City USA Maryland WIDOWED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12n USUAL OCCUPATION 176 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Maryland General Hospital TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Baltimore House-Wife JOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 13c CITY OR TOWN Calvert Box 20 Camp Canop Rd. 20657 Maryland Lusby FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Taylor Elijah Minnie Johnson 2518 Harlem Ave. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO TYPES NO OR LINKNOWN LIE YES GIVE WAR OR DATEST Eunice T. Matthews Baltimore, Md APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY 7 days Pneumonia IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Intra Cranial Hemorrage 12 days Conditions, if ony, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Liq Aortic Anneurysm 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES | NO 210. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION ŏ CITY OR TOWN COUNTY STATE (AT HOME, STREET FACTORY OFFICE, FARM, ETC.) eq NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram_ sow the deceased alive on, and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 22¢ DATE SIGNED 776 SIGNATURE DEGREE MEDICAL DIRECTOR PHYSICIAN PHYSICIAN 22e ADDRESS 27d PHYSICIAN'S NAME (TYPE OR PRINT) should be 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 236. DATE (SPECIFY) CITY OR TOWN STATE Burial Md Dec. 02, 87 St. Johns Chr. Cem Lusby Calvert 4. FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 25h REGISTRAR'S SIGN 1451 Dares Beach Rd. Spencer E. Sewell DHMH - 16 60M 7/84 (VRA 15, 4) Prince Frederick Md

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 2n DATE OF DEATH 26. HOUR FIRST MIDDLE OR PRINT HAZET. B HARRIS NOVEMBER 2. 1987 1:49 3. SEX 4 RACE 5. DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH DAY YEAR TO BIRTHPLACE I STATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED [BALTIMORE 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 12n USUAL OCCUPATION 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) BALTIMORE THE JOHNS HOPKINS HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 13a. STATE 136 COUNTY 134 INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST IDDLE 1451 namue ADDRESS 17. INFORMANT 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) RRIS -1600 8.32 Nb APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).1 PART I. DEATH WAS CAUSED BY min IMMEDIATE CAUSE (D) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 CERTÍFICATION denocatoinoma 0100 20e AUTOPSY? 206. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? ancer NOIN 21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH I IF EITHER NOTIFY MEDICAL EXAMINER P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET FACTORY OFFICE FARM ETC.) STREET WHILE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram. and that in (my) (our) opinion death accurred on the date and hour and Iram the causes stated 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL MD PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 224 PHYSICIAN S NAME LIFE CONTRACTOR 22e. ADDRESS d b NOCTH 70¢ 230 BURIAL CREMATION, REMOVAL 236. DAZE 23c. NAME OF CEMETERY OR GREMATORY 23d LOCATION STATE BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 (VRA 15, 4)

DHMH - 16 60M 7/84 (VRA 15, 4)

24. FUNERAL DIRECTOR

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250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

22c. DATE SIGNED

MD 2123

YEAR

12b. KIND OF BUSINESS

LAST

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

STATE

STATE

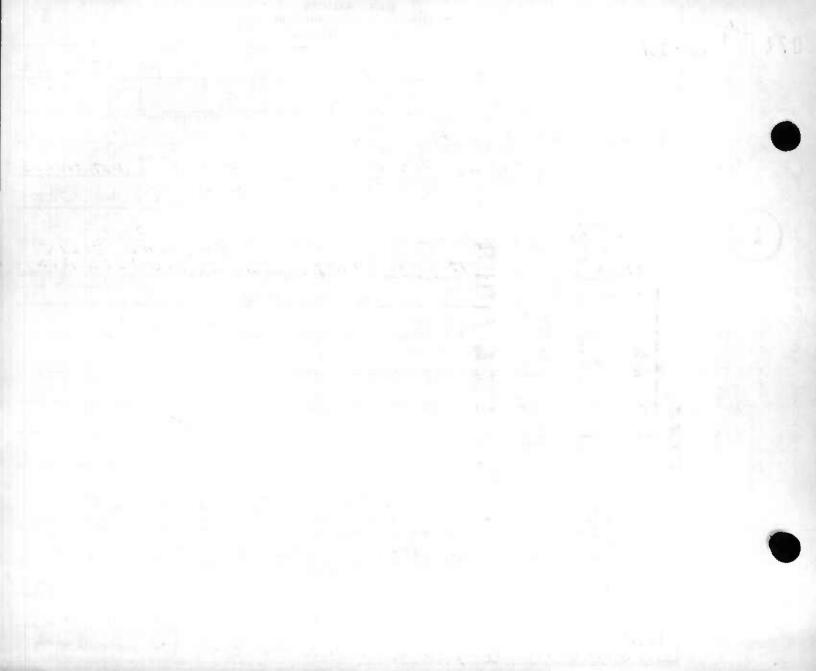
IF UNDER I YEAR

25 HOUR

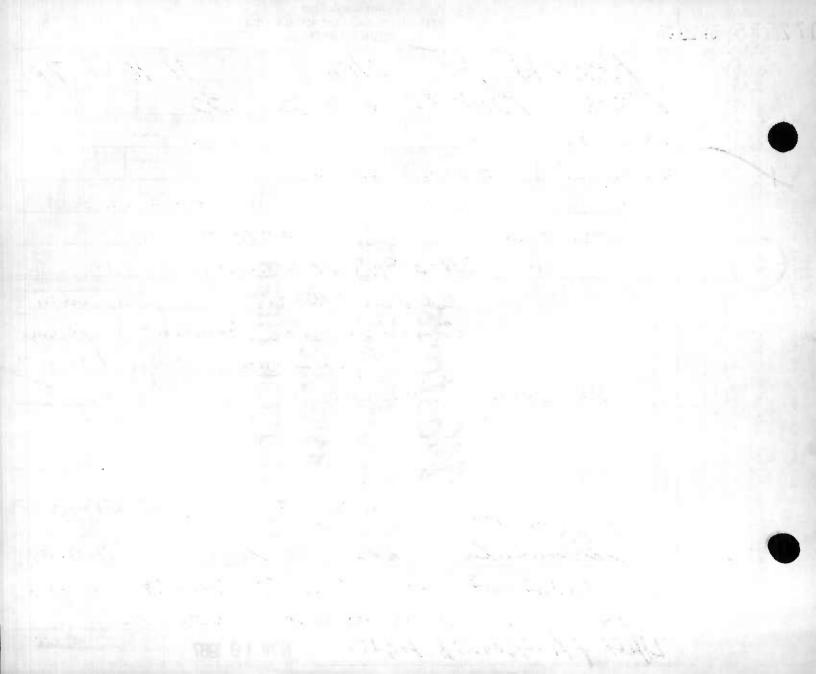
IF UNDER 24 MRS

073188 88-347 SHOW IN STATE DEV 02 1987 July Friend During

					OF MARYLAND		1 0 7 7
07, 10	1.	FOR STATE REGISTRAR	DEP		EALTH AND MENTAL HY	0 /	7 9 9
U / 4 I IU 4 DEC	-3	CEASED NAME FIRST	WIDDLE	L	NST	REG. NO.	DAY YEAR 26 HOUR
÷ 3		ORPRINT) MARY		HAR	010		77 87 11.124
nay be page 3 r death	3. SE		RACE .	5. DATE O	F C D T L	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
4 m ofter	J. JE		Black	MONTH	DAY YEAR	771	MONTHS DATS HOURS MIN.
20 ST 17/2	2- 0	RTHPLACE ISTATE OR FOREIGN 7h	1010	17042 9 4	24 16		(RS)
4 95 4/	/a. B	(OUNTRY)	CITIZEN OF WHAT COUN	MARRIED	NEVER MARRIED		JNITOFDEATH
Sol him of	10 G	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL N	WIDOWE	DIVORCED ROTHER INSTITUTION	120 USUAL OCCUPATION	City MD.
at the day	B	altimore	1. NAME OF HOSPITAL, N (JENO) IN SUCH FACILITY, GIVE		* OTHER INSTITUTION	TYPE OF WORK FOR MOST OF WORK	12b. KIND OF BUSINESS OR INDUSTRY PUT, NURSE
24 hour		AL RESIDENCE (IF NURSING HOME OR O) STATE 13b. COUNT	Y 13c CITY OR	TOWN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP	
	14. F/	ATHER'S NAME	100/	7/1/(07	15. MOTHER'S MAIDEN N.	38/1 Penhuk	3/ /10/ 0/0
MARYLAND Ed with 24 ministry fills confirmer flos			DDIE LAS		FIRST	WIDDLE	CUPERT
	lán \	VAS DECEASED EVER IN U.S. ARMI	ED FORCES? LIAN SOCIAL	SECURITY NO.	ELIZA 17 INFORMANT	BARRO	G1013 G101
BALTIMORE, cale be execu- sper. Pages real.			WAR OR DATES	22-8281	MARY CAR		NHURST AVE,
at other		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one couse per line for (a), (b', and (c'.)	1	1 /	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
4 492 1		IMMEDIATE		racopul	monary +	trrest.	
201 W. PRESTON ST es that the death cert ned by the attending please remove corten unal, cremotion, or re- v, or other traumatices.			DUE TO, OR AS A CONS	SEQUENCE.OF	- 1		
deat deat ave a fron, aum		Conditions, if ony, which	4/1	static	Breast	Carcinoma	
The other certification		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONS	SEQUENCE OF		11018	
by by ose	11	underlying couse lost.	(c)	02.002.702.07			
s, 20 sires t gned sn ple burio	7	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	N GIVEN IN PART 110
been sign brian to bu	Ĭ.						
he le has	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION	N WAS PERFORMED	200 AUTOPSY? 20b.	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \(\text{ NO } \text{ \text{ \text{ NO } } \text{ \text{ \text{ \text{ \text{ NO } } } \text{ \text{ \text{ \text{ \text{ \text{ NO } } } \text{ \tex
N OF VITA SICIAN: TI ng physicir certificate rial-tro entol H or	E	210. ACCIDENT WAS UNDERLYING	116 TIME OF INJURY HOUR A.M. MONTH	H DAY YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2)
ON OF VI	K	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19			
SION OF VI	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION	CITY OR TOWN	COUNTY STATE
DING PH or atten After th e os the norked o	2	WHILE NOT WHILE	(AT HOME STREET, FACTORY, C	OFFICE, FARM ETC]	SIRECT	ÇIII OM IOWI	
00 4 00 E		22a.1 certify that (I) (this haspita	I) ottended the deceased I	rom	19 19 8	1. to 11-27	
TEN TOR: or us		saw the deceased alive on_	11-27	19 87, on	d that in (my) (our) opinion	n death accurred on the date on	d hour and from the causes stated
OR ATTEN the hospital DIRECTOR ached for the Dept. of H		obove, (I) (we) (did) (did not) 22): SIGNATURE	view the body offer death.		DEGREE		22c. DATE SIGNED
0 = 0 to 0 =		anulle 1	1. Heun	1M-8.	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	5 11/27/87
는 의 교육 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등		AMILLE	M. HENRY	Miles Comments	Belvedere	+ Greenson	ing, Baltimore, M
Shoot Shoot		BURIAL, CREMATION, REMOVAL	23b. DATE	23¢ NAME OF CI	METERY OR CREMATORY	23d LOCATION	7
BP		BURIAL	12/1/1987		nemorial P		ACTO, MO,
DHMH - 16 60M 7/84	24		NERAL I	omes,	71401	ATE REC'D. BY REGISTRAR 25b, RI	1 100
(VRA 15, 4)	25	TOI GWYNNS FA	ILLS PKWY. B	ALTO, M	D. 21216 UE	C 0 3 1987 Jul	ia Dandern-Keedalle



NOV 20	107-	FOR STATE	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH							
	1. DE	REGISTRAR CEASED NAME FIRST OR PRINT!	Id Middle	CERTIFI	SALE OF DEATH	REG. N 20. DATE OF DEATH	MONTH DAY YEA	7 2b. HOUR		
ector page 3 ors after death	3.5E	MAIS	BIACK	5. DATE O	FBIRTH 8 52	6 AGE (IN YEARS LAST BIR	YRS MONTHS DA	ATS HOURS MIN.		
n 72 hou		RTHPLACE (STATE OR FOREIGN COUNTRY) ALTO., MD.	76 CITIZEN OF WHAT COUN	WIDOWE		BALTO.	CITY	MD.		
Dy mad	B	ALTO., MD.	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE BON SECO	URS HOS		120 USUAL OCCUPAT LITYPE OF WORK FOR MOST C		ND OF BUSINESS OR TRY		
hould be	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 13b COU!	ROTHER INSTITUTION GIVE RESIDENCE NTY 134 CITY OF BALT	TOWN	13d Inside City Limits?		ZIP CODE MON AVE.	21207		
exomine		THER'S NAME LOUIS HAF				ARET BLAGI		LAST		
Poper	(VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN } (IF YES GIV NO N	VE WAR OR DATES) 7 10-	60-526	7 LEONARD	BLAGMOND	3711 MARM			
ng phy can bonpopers removel. c event, the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	nly one couse per line for (a) (ED BY: TE CAUSE (b)	by ondicin	ARRES	7	APP BETW	PROXIMATE INTERVAL VEEN ONSET AND DEATH		
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Then plant to buri	NOI	7	RIAL E	ENDOC	CARDITIS.					
nsit permit. I	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION	970 3	200 AUTOPSY?	20b. 1F YES, WERE FIN IN CERTIFYING CAU YES	JSES OF DEATH?		
ental Hy	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE LIFE LITHER NOTIFY MEDICAL EXAMINE 214. INJURY OCCURRED	HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCURI	RED (ENTER NATURE OF IN)L	RY IN ITEM 18 PART TOR PART	7 2)		
After this e os the bu olth ond M marked ar	WE	WHILE NOT WHILE AT WORK	(AT HOME, STREET PACTORY, C		STREET	CITY OR TO	OWN COUNTY	y STATE , tho (we) lost		
for us of He 21 is		22a. I certify that (I) (this hasp saw the deceased alive on above, in (we) (did (did no 22b. SIGNATURE	view the body ofter death	19 <u>87</u> , on	d that is (my) (our) opinion	death occurred on the d				
		leun	ranka	m	ATTENDING PHYSICIAN	DIRECTOR PHYSIC	1.	-17-87		
should be with the S		A. MIR.	ANDA, c	un	1010 5	T. PAUL	ST.	21202		
		BURIAL, CREMATION, REMOVAI (SPECIFY) BURIAL	11/19/87		AUBURN CEM.	23d LOCATION CITY OF TOWN BALTO	., MD. COUNTY	SIATE		
FUNERAL uld be deto h the Stote ORTANT: h		220 PHYSICIAN'S NAME (TYPE OF AMERICAN) SURIAL, CREMATION, REMOVAI	ANOA, C	M D 23c NAME OF C	ATTENDING PHYSICIAN PARTIES AND PARTIES OF CREMATORY AUBURN CEM.	T. PAUL 1234 LOCATION	., MD. COUNTY	-17- A		



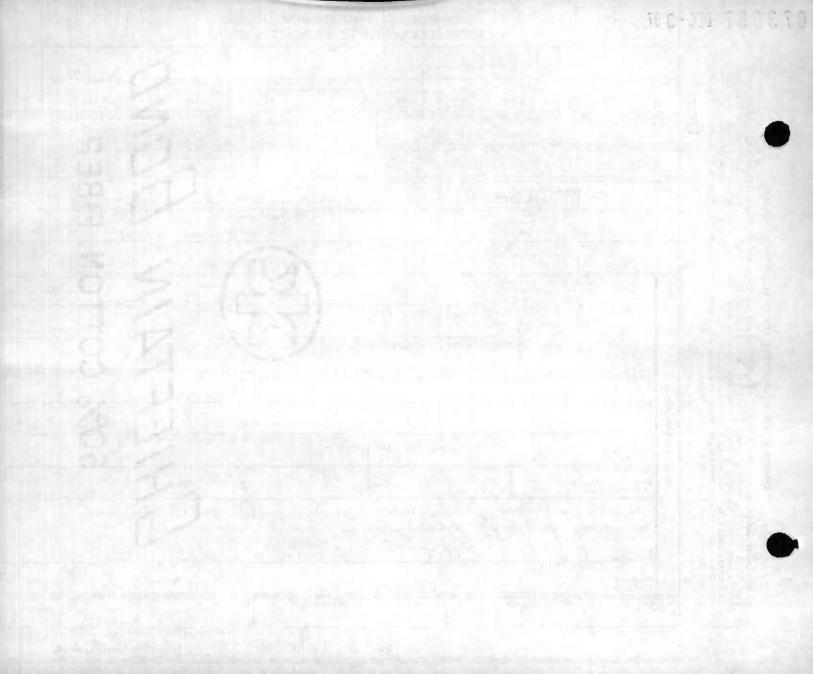
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STATE OF MARYLAND

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THE RESERVE OF THE PARTY OF THE

STATE OF MARYLAND 073937 DEC +3.87 DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME 20 DATE KNOWN X MONTH 26 HOUR (TYPE OR PRINT) FRANK HARTELL W. DEATH MATED L-SEX 4 RACE 20HOUR DATE OF BIRTH & AGE (IN YEARS | IF UNDER 1 YR. IF LINDER 24 HRS 2c. DATE LAST BIRTHDAY) PRONOLINCED male white 04-30-1927 60 DEAD 11-13-87 12:15 BINT HPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X MD **IISA** DIVORCED Baltimore City O CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 17b. KIND OF BUSINESS FOR MOST OF WORKING LIFE OR INDUSTRY Cross Street Baltimore Retired Hospital SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13c CITY OR TOWN Baltimore Baltimore 228 East Cross Street/21230 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Frank Hartell Sr. Melissa Keefer 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT 166 SOCIAL SECURITY NO ADDRESS (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mrs. Kathleen Brakeall, Cumberland, MD yes 216-22-5548 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) Congestive cardiomyopathy PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)... DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE FERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IQ 19g DATE OF OPERATION E3 SHOULD BE USED DEPARTMENT OF HE 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO X 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR P.M. 21e PLACE OF INJURY (AT HOME, 21d INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE CITY OR TOWN STATE WHILE AT WORK TO MEDICAL EXAMINER: THE EXCUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PATER DEATH, WITH THE SIT, BALTIMORE, MARYLAND, 2 Inspection X 220. I certify that I took chi age at the remains described above, held an Autopsy Inquiry death resulted fram Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE 11-14-87 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME 111 Penn STreet Charles P. Kokes, M.D. ADDRESS (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Buria1 11-16-1987 Sunset Memorial Park Cumberland Allegany MD 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** James F. Scarpelli, Cumberland, MD 21502 (VR A15 ME (5))



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME MIDDLE LAST 20 DATE OF DEATH 2b HOUR TYPE OR PRINT) HOWARD NOVEMBER 6,1987 HARTMANN 6. AGE (IN YEARS LAST BIRTHDAY) 3 SEX 4. RACE 5. DATE OF BIRTH IF UNDER I YEAR 1927 BALTIMORE CITY OR COUNTY OF DEATH Fr. BIRTHPLACE TE CITIZEN OF WHAT COUNTRY? (STATE OR FOREIGN MARRIED NEVER MARRIED WIDOWED DIVORCED [HO. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY ISABLED CHURCH HOSPITAL BOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 21224 13b COUNTY 13e STREET ADDRESS / ZIP CODE 136 INSIDE CITY LIMITS? 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE OSE ADDRESS 16h SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).
PART I. DEATH WAS CAUSED BY: CARDIAC FAILURE IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g REA RENAL FAILURE XX COAGULOPATHY 190 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY 20b. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? NOFT YES T ransit p 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING **21h TIME OF INJURY** HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY 20 CITY OR TOWN COUNTY STATE (AT HOME, STREET FACTORY, OFFICE, FARM, ETC.) rked NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from NOVEMBER saw the deceased alive an NOVEMBER 6 1987 ond that in 87 and that in (my) (our) apinian death occurred an the date and haur and from the causes stated above, (1) (we) (did) (did nat) view the bady after death. 226. SIGNATURE DEGREE 22c. DATE SIGNE ATTENDING MEDICAL DIRECTOR PHYSICIAN MPORT ANT: 226 PHYSICIAN'S NAME (TYPE OR PRINT) 220 ADDRESS CHURCH HOSPITAL CORPORATION PAUL GÓRMLEY, M.D. 100 N. BROADWAY BALTIMORE, M Md.21231 0 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 236 LOCATION 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 (VRA 15, 4)

	1.	FOR - STATE REGISTRAR	ı	DEPARTMENT OF	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE /	5 1 9 3 9
/3891_DEC -3	IPZ	CEASED NAME FIRST	MIDDLE		AST	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
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death. Page		RTHPLATELLINOTS ON KXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	75. CITIZEN OF WHAT CO	MARRIE WIDOWI		BALTIMORE	MD.
by the filled with	1	BALTIMORE	ST. AGNES H		DR OTHER INSTITUTION	COMPOTER OS AS	
AND 213	Ì		OTHER INSTITUTION, GIVE RESIDE VIY CIMORE 13c. CITY CA	OR TOWN TONSVILLE	131. INSIDE CITY LIMITS? YES NO 17		WOOD RD. 21228.
EALTIMORE, MARYLAND 2120 cote be executed than hours ysicion and manufaction by ppers. Page wol. it, the medical examiner puts the hill	1	EARL		TUNG	15. MOTHER'S MAIDEN NAME OF THE NET TO THE T	TTA MIDDLE	O' CONNOR
be executed on the state of the	. 1	VAS DECEASED EVER IN U.S. AR yes, no or unknown) YES WWII-	E WAR OR DATES!	-05-3799	SONIA S. HAR	ADDRE FUNG 1005 CC	DLLWOOD RD. 21228
ST., griffic on p		18 CAUSE OF DEATH (Enter on PART 1. DEATH WAS CAUSE IMMEDIAT			E HEART	FAILURE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
is that the death certificate by the attending pelasse remove carbon ital, cremation, or remore around or other traumatic even		Canditions, if any, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A CO	MINAC ONSEQUENCE OF	CARDIOMY	-277	
quires the signed by the pleo to burial, or o	NO	underlying cause last. PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUT		ARTERY NOT RELATED TO THE TERM NEARCTION	D1 SCASE	DITION GIVEN IN PART 110
AL RECOR	CERTIFICATION	190. DATE OF OPERATION	Total Control		N WAS PERFORMED	20a AUTOPSY? YES □ NO 🏋	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
PHYSICIAN: The ending physicio this certificate he buriol-tronsit ad Mental Hygies dor Hear 18 stra	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		NTH DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM TB PART 1 OR PART 2)
DING PHYSICIA or ottending ph After this certifies os the buriel-th celth and Mental marked or them	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJUR (AT HOME, STREET, FACTOR	RY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOV	NN COUNTY STATE
TEND oital or 108: A for use of Heal		22a. I certify that (1) (this hospi saw the deceased alive on abave, (1) (we) (did) (did no	NOU Z7	th. 19 87, or		death occurred on the do	the and hour and from the causes stated
Dep .		226 SIGNATURE			DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	11-26-87
TO HOSPITAL retained by the TO FUNERAL I should be deto with the State I IMPORTANT: II		BOON P. L	R PRINT)		900 CATOR	KNES HOSP	ALTIMORE MD 21229
PP	R	BURIAL, CREMATION, REMOVAL EMOVAL – BURIAL	23b. DATE 11/30/87	PROG. O	EMETERY OR CREMATORY RDER OF WEST	FOREST PA	
DHMH - 16 50M 1/B1 (VRA 15, 4)	24 F	UNERAL DIRECTOR SOL LI	EVINSON & BR N RD. BALTO,	OS., INC. MD 21215		E REC'D. BY REGISTRAR	256. REGISTRANCE NOTATION

FOR

- STATE

and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated 220 DATE SIGNED DIRECTOR PHYSICIAN IMPORT, AMY KLIGH shoul with 23a. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b DATE CITY OR TOWN BURIAL MЪ ANNE ARUNDEL CO. 11/20/87 MT. CALVARY CEM. REGISTRAR 256 REGISTRAR'S SIGNATUR 24 FUNERAL DIRECTOR dia Davidson Randall DHMH - 16 60M 7/84 MARCH F/H 1101 E. NORTH AVENUE (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2h HOUR

176 KIND OF BUSINESS OR

RETIRED

WOLFE

APPROXIMATE INTERVAL

minute

NO F

STATE

COUNTY

WATSON

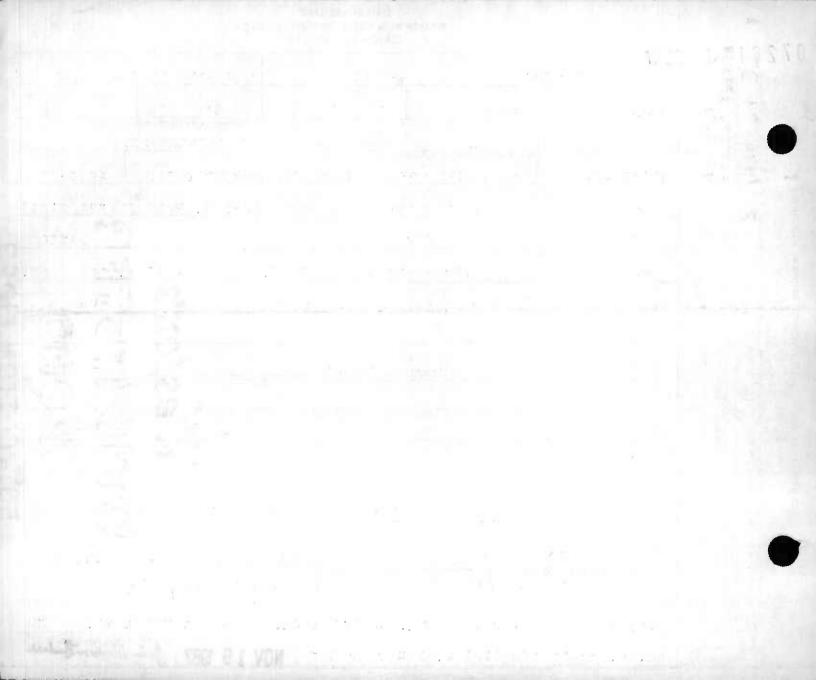
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IF UNDER 24 HRS

1987

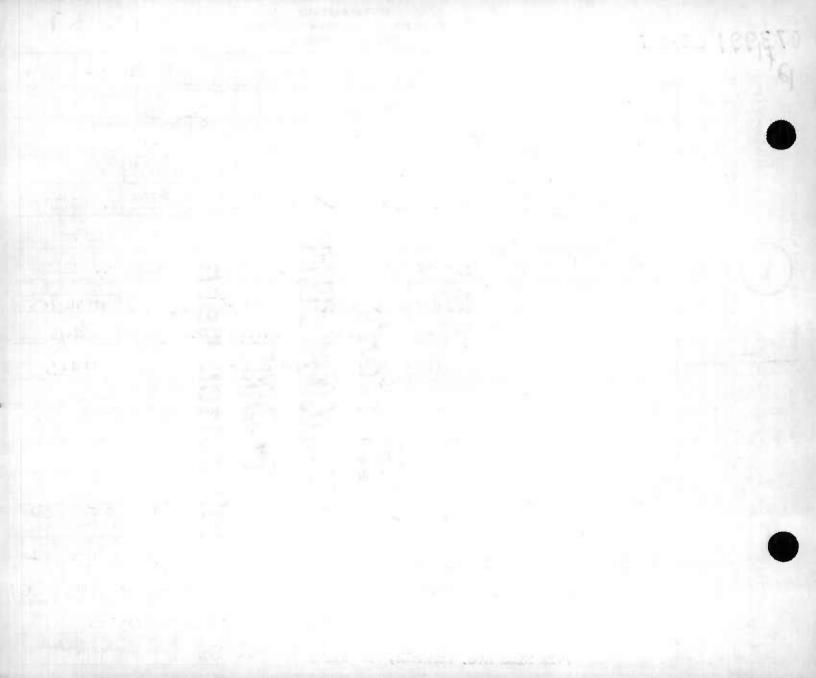
IF UNDER I YEAR

INDUSTRY



7922 Wise Ave. Dundalk, MD

(VRA 15, 4)



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENS
CERTIFICATE OF DEATH

							REG. NO	J.				
		CEASED NAME FIRST		NIDDLE	i	AST	20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOL	JR ,
	(TYPE	ORPRINT) THOMI	7 4		HA	SKINS	,	11-1	9-1	57	10.	20 %
	3. SEX		4 RACE		3. DATE C		6 AGE IN YEARS LAST BIR	THDAY)	-		IF UNDER	24 HR5
	(and	Male	Black		05-	19-49 YEAR	38	YRS.	MONTHS	DAYS	HOURS	MIN.
	70. BI	RTHPLACE (STATE OF FOREIGN	Th CITIZEN OF	WHAT COUNT	TRY? 8	D NEVER HARRIED	9 BALTIMORE CITY O	R COUNT	Y OF DE	ATH		
	Ва	alto., Md.	USA		WIDOWE	D DIVORCED						MD.
_	-		(IF NOT IN SUCI	H FACILITY, GIVE S	TREET ADDRESS)		(TYPE OF WORK FOR MOST O				F BUSINI	ESS OR
1	USUA	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION						177	77	7	
200		No. or and the Contract of the				13d. INSIDE CITY LIMITS? YES X NO	21 S. Fran	ZIP COD	town	Roa	id	
	14. FA		WDD1E	1457								
10		Iscca				Mable			orne	e LAS		
1				166 SOCIALS	SECURITY NO.	17 INFORMANT						
	(No	E WAR OR DATES!	216-5	4-6032	Mable Osbor	ne 21 S. Fi	rankli	into	wn R	load	
7	FICATION	Canditions, if any, which gave rise to immediate cause (o), stating the underlying couse last.	DUE TO, OF (b) DUE TO, OF (c) CONDITIONS CO	R AS A CONSI	EQUENCE OF	FR 1-	20s AUTOPSY?	IN YEARS LAST BRITHDAY) BE (IN YEARS LAST BRITHDAY) BE UNDER MONITHS BE UNDER CITY OR COUNTY OF DEA CALL TIMORE CITY OR MORKING LIFE INDU COUNTY OR TOWN COUNTY COUNTY OR TOWN COUNTY OR T	FINDIN	IGS USE OF DEA	TH?	
0	CERTI	210 Addoth Was underlying				21c HOW INJURY OCCUR				PART 2)	NO [
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/	MEDIC	21d INJURY OCCURRED	21e PLACE	OF INJURY	-	211 LOCATION STREET	CITY OR TO	WN	COL	MIA		STATE
		220.1 certify that (I) (this hospi				nd that in (my) (aur) apinion	death accurred an the d	ote and ha	19 df	/	that (1) (
		226. SIGNATURE	TI VIEW THE BODY	arrer death.	22	DEGREE ATTENDING PHYSICIAN			220	DATE	SIGNED	
		22d. PHYSICIAN'S NAME (TYPE OF	R PRINT) PA	RIK	Н	220 ADDRESS 47 AAB	13 Lee	u)	21	22)	?	
Baltimore BOLITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NUKSING HOME OR OTHER INSTITUTION 17. NOT STREET ADDRESS 18. NOT STREET ADDRESS				STANE								
	Male Black SBRITHPLACE (STATE OFFORM) The CHIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE CITY ON COUNTRY BALTON, Md. USA WIDDWED DOMORED BALTIMORE CITY ON COUNTRY BALTON, Md. USA WIDDWED DOMORED BALTIMORE CITY ON COUNTRY THOU MUCH SCALIN; ON STREET OFFORM OR OTHER INSTITUTION BALTIMORE CITY ON THE COUNTRY THOU MUCH SCALIN; ON STREET ON STREET OFFORM OR OTHER INSTITUTION ON HIS SECRET BY ON STREET OFFORM OR OTHER INSTITUTION ON HIS SECRET BY ON STREET OFFORM OR OTHER ROST WHICH OR OTHER ROST WHICH OR OTHER ROST		A	The second of	nd ·	Proids	1 a c					
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			TT			INC	14 90 1001					

P.O. Box 4433

DHMH - 16 60M 7/84 (VRA 15, 4)

Brown/Thompson F.H

HOA TO REA OF ACH.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20 DATE OF DEATH 1. DECEASED NAME 2b. HOUR LITTE OR PRINTI WILLIAM HASTINGS NOVEMBER 27, 1987 IF UNDER 24 HRS 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3 SEX CAUS. MAY" 18 DAY 1912 MALE 75 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED USA BALTIMORE CITY 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUT THE STAPLE "OPERATORNYLO THE JOHNS HOPKINS HOSPITAL BALTIMORE 13d. INSIDE CITY LIMITS? 15. MOTHER'S MAIDEN NAME LA FATHER'S NAME HASTINGS JAMES HASTINGS ELLEN ROWE 221 09 2369 ADD 125 BRICKYARD RD. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? GERTRUDE B. (YES, NO OR UNKNOWN) YES SEAFORD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: wear Conditions, if any, which gave rise to immediate DUE TO OR AS A CONSEQUENCE OF underlying couse lost. 206. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOIN 71a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 21f LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY OFFICE, FARM ETC.) NOT WHILE 220.1 certify that (1) (this hospital) ottended the deceased from (our) opinion death occurred on the date and hour and from the causes stated above, () (we) (did) (did not) view the bady after death. DEGREE ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN 22e ADDRESS BLADES SUSSEX DELAWATE CEMETERY BURIAL REGISTRAR'S SIGNATURE MANGARY W. YATES SEAFORD DELAWARE (VRA 15, 4)

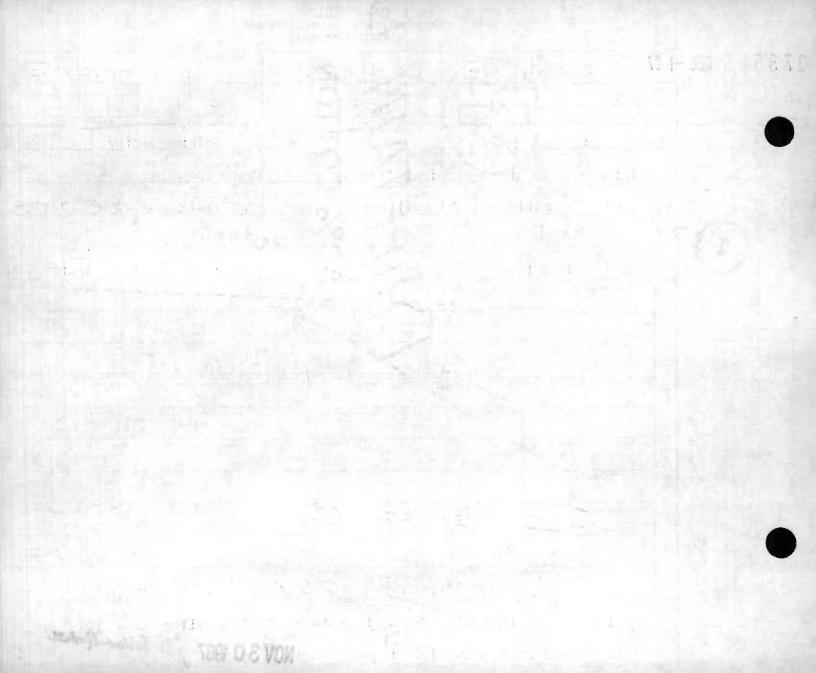
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thed is	05U 13a.	AL RESIDENCE (IF NURSING HOME OR STATE MARYLAND 13b COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ITY 13c. CITY OR TOW BALTO	'N 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE	21225
mpletel and 2	195	ATHER'S NAME FIRST William	MIDDLE 144WK)	15. MOTHER'S MAIDEN NA FIRST KATHERIN		WOLFE
n ond co	7	MAS DECEASED EVER IN U.S. ARI YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 16b SOCIAL SECU E WAR OR DATES) 215 0 %	IRITY NO. 17. INFORMANT	ADDRESS	same as #13
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quires that the death cert signed by the attending hen please remove corboi to buriol, cremation, or resignivy, or other traumatic expenses.	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUIDAD TO THE TO, OR AS A CONSEQUIDAD TO THE	ging of lungs ENCE OF CA Lung E	are fastas; s	EN IN PART TIO
The low requirion. te hos been sit permit. The giene prior the show any in	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIFY	, WERE FINDINGS USED YING CAUSES OF DEATH?
ICIAN: T g physici errificote iol-tronsi ntol Hygi		71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	in .	AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	ART 1 OR PART 2)
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TAL OR ATT y the hospit AAL DIRECTG detoched fo fore Dept. of		B. B.		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	11/5/87
HOSP!		22d. PHYSICIAN'S NAME (TYPEO	RPRINTI	South &	solt. Gen Hospi	tal
BP	23a.	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	, ,	NAME OF CEMETERY OR CREMATORY en Haven Mem Pl		
DHMH - 16 60M 7/84 (VRA 15, 4)	24. F	uneral director cCully Funera	237 E. Patar al Homes Balto	osco Ave. 0., Md.21225 NOV	TE REC'D. BY REGISTRAR 25b. REGISTI	RAR'S SIGNATURE

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1 4 6 4	3. SE	× A A	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST B	RTHDAY) IF UNDER 1 YEAR	IF UNDER ZWHRS
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bee prio	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATION WAS PERFORM	NED - 200 AUTOPSY?	206: IF YES, WERE FINDING	SUSED
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ATTER Sspito CTOI d for n 21 i		saw the deceased alive ar	of view the body after death.	19 7 and that in try lau	opinion death accurred an the o	ate and haur and from the ca	uses stated
t ep he he		22b. SIGNATURE	ories decin.	DEGREE		22c DATE, SI	GNED ,
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0 2 5 2 3	23a B	URIAL, CREMATION, REMOVAL	L 23b. DATE	231 NAME OF CEMETERY OR CRE		1 11	
BP	(Burial	11/30/87	Crowasville Vete	erance Crownsvil	le A.A. Mary	yland
DHMH - 16 50M 1/81		INERAL DIRECTOR		21229 Y	250. DATE REC'D. BY REGISTRA	ES RECIETIVES SIGNATURE	WE .
(VRA 15, 4)	H	ubbard Funeral	Home, Inc. 4	07 Wilkens Ave	NOV 3 O 1987	Samuel All	



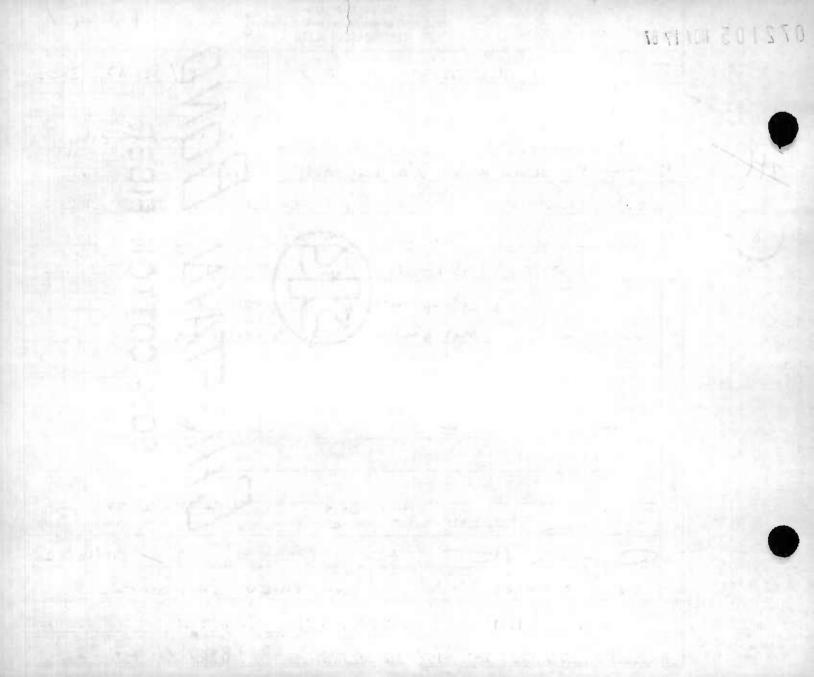
STATE OF MARYLAND

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PRESTON ST., BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS, 201.

NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATHS YES | 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) COUNTY STATE 22c. DATE SIGNED 22e ADDRESS GOO N. Walte, Balto, MO 21205 Johns Howkins Hosp. 23a BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY Md. Dec.2,1987 Bel Air Memorial Gardens, Bel Air Harford 24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 Howard K. McComas III, Abingdon, Md. 21009 (VRA 15, 4)

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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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DIVISION OF VITAL RECORDS,	Ner: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOX ICATE, WRITING THE WORD "PENDING". IN PENCIL IN TEM. FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG TOTHE THE PEDICAL EXAMINER ALONG TOTHE THE PEDICAL EXEMINER PREMI		PART 2 OTHER SIGNIFICANT CONDITIONS CONTR	RIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
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	WO DE		EXAMINER'S NAME Charle	es P. Kokes, M.D. ADDRESS 111 Penn St., Balto., MD	21201
	TO MEDICAL EX. EXECUTE THE CEP PAGE 4 SHOULD TO FUNERAL DI AFTER DEATH BALTIMORE, M		(TYPE OR PRINT) CITAL IT	ADDRESS	21201
	E05149	230.BI	JRIAL, CREMATION, REMOVAL 236. D	ATE 236 NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUN	TY STATE
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_		Burial		11/13	/87 Ce	dar H	ill Cem	neterv	Brook	lvn Park	A.A.	Maryland
16 60M 7/B4	24. F	JNERAL DIRECTOR		-	Antonia Antonia		1229		The second second second	The second second	CISTRAR'S SIGN	
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Sho Sho		23a. BURIAL, CREMATION,			NAME OF CEMETERY		23d LOCATION		
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		24 FUNERAL DIRECTOR	711		^		TE REC'D. BY REGISTRA		
DHMH - 16 60M 7	/B4	NAME	H.W. Je	nkins ^{ores} &	Sons C	o. N	nv 3 1987	Julia Divideos	n. Randalt

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DEPARTMENT OF HEALTH AND MENTAL HYGIENES STATE CERTIFICATE OF DEATH REG. NO L DECEASED NAME 20 DATE OF DEATH (TYPE OR PRINT ommy 3.SEX BALTIMORE CITY OR COUNTY OF DEATH 1 STATE OR FOREIGN NEVER MARRIED Tennessee WIDOWED DIVORCED [O CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR Type of work for most of working Life) Fork Lift Oper. INDUSTRY 136 COUNTY _____ 15 MOTHER'S MAIDEN NAME MIDDLE 160 WAS DECEASED EVER 17 INFORMAN ADDRESS IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Marv E. Henry Same as 13e No 18 CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY Conditions, if any, which gave rise to immediate cause (a), stating underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING ATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211. LOCATION 21e PLACE OF INJURY CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from and that in (my) (aur) apinian death accurred on the date and hour and from the causes stated saw the deceased al 77s. SIGNATURE DEGREE DIRECTOR PHYSICIAN 77e ADDRESS

STATE OF MARYLAND

23c. NAME OF CEMETERY OR CREMATORY

Cedar Hill Cemetery

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR George J. Gonce 4001 Ritchie Trawy Balto Md

230. BURIAL, CREMATION, REMOVAL

Burial

(SPECIFY)

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Baltimore

Food

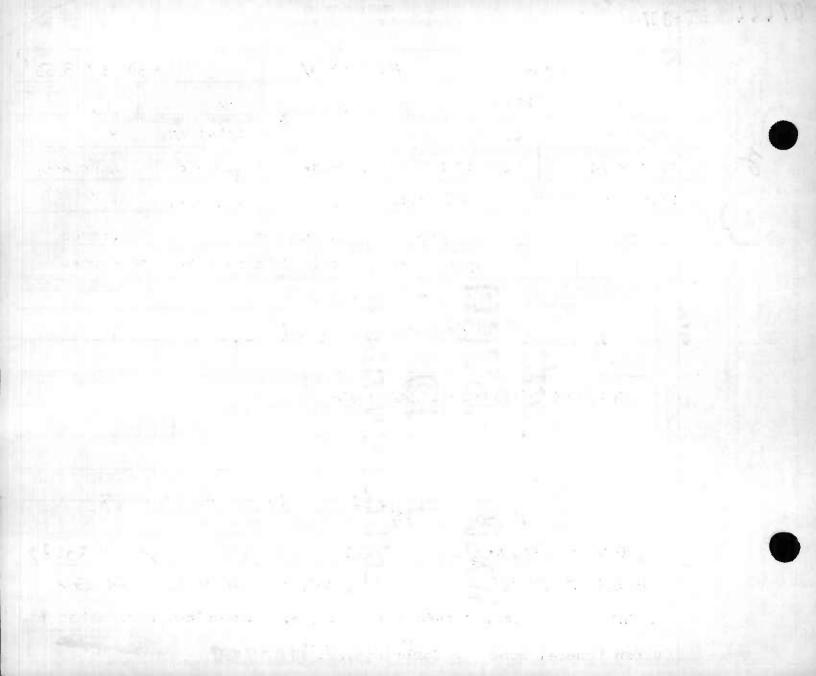
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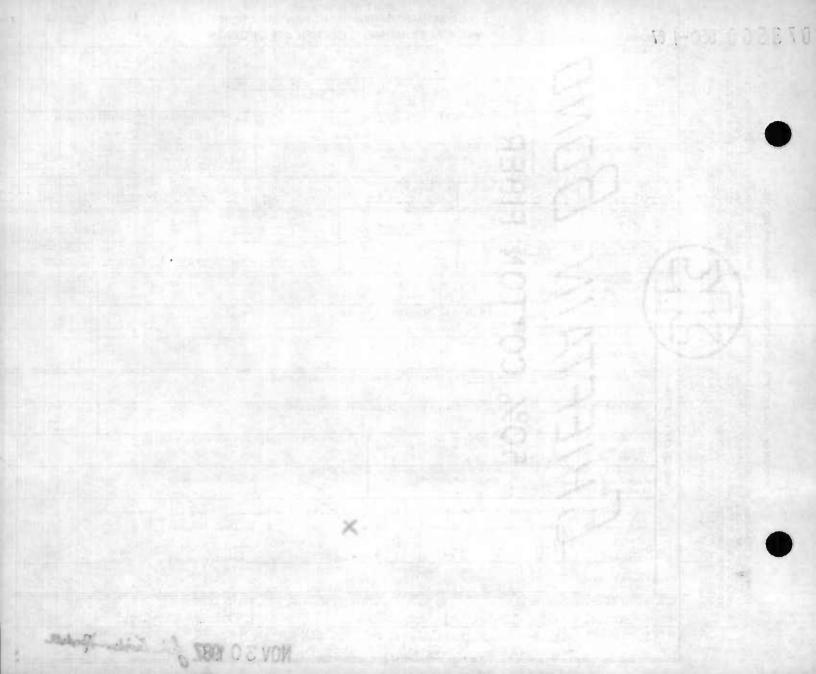
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE. - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LIDE CEASED NAME MIDDLE 20. DATE OF DEATH MONTH YEAR 2h HOUR (TYPE OR PRINT) aGod Mamie K. Nov.18, 1987 Heselbach 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR Female White TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED City Baltimore Maryland WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Hamilton Nursing Center Baltimore Cleaning Baltimore, Ci USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONAL 13b COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Baltimore YES T NO [4373 Nicholas Ave. Ma 21206 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE LAST Elizabeth Zeller George 166 SOCIAL SECURITY NO **ADDRESS** 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 21206 (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 217-18-0915 Nicholas Ave No Mrs. Naomi Despeaux 4373 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), 1/4), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 90 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 28s AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 71d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET STATE NOT WHILE 22a. I certify that (I) (this hospital) attended the deceased fram sow the deceased alive an and that in (my) (aur) opinian death accurred on the date and hour and fram the causes stated abave, (1) (we) (did) (did nat) wew the bady after death 27b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME TYPE OF PRINTS 22e. ADDRESS Gamboa Belair Road Belari Road Baltimore. Md. 230 BURIAL CREMAPION REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23h DATE 23d LOCATION CITY OF TOWN COUNTY STATE BP. Md. 1st. Evangelical Church Baltimore Burial 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Meonard J. Ruck Inc. Battimore, Maryland M DHMH - 16 60M 7/B4 (VRA 15, 4)

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City	Baltimore	XX		U.S.A.	Maryland
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2000	d	Elizabet		Zeller	George
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320 NOV 18	67 FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE / REG. NO.	1 9 5 8
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Day of A	0 // 10 00 01.				
0 6 0 6 7 8	23a. BURIAL, CREMATION, REMOV		NAME OF CEMETERY OR CREMATO	DRY 23d LOCATION	COUNTY
BP	230. BURIAL, CREMATION, REMOV		righview Memorial Gara	DRY 23d LOCATION	and Co, County Day 21047

IAPORTANT: If them 21 is marked or them 18 shows any injury, at other trial

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

13	FOR TATE REGISTRAR			DEF				G 1	ن ه	7	5 7	
	DECEASED NAME	FIRST		MIDDLE	L	AST				DAY YEAR	26 HOUR	
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	COUNTRY)				MARRIE		ED [
10	CITY OR TOWN OF DE	ATH								TIZE KIND	OF BUSINESS C	
			(IF NOT IN SUC	NOT IN SUCH FACILITY, GIVE STREET ADDRESS) [TYPE OF WORK FOR MOST OF WORKING LIFE]								
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114	FATHER'S NAME		MIDDLE	LA	.51		DEN NAM			U	AST	
D	John	L		Hener						Walter	rs	
160	(YES, NO OR UNKNOWN)			166 SOCIA	L SECURITY NO.	17 INFORMANT		ADDRI	ESS			
	(YES, NO OKUNKNOWN)			220_	30-3817	Mrs. Mar	lene	Heuer Sam	e			
F						11115. 1161.	20110	IIC GC I NOVIL		APPRO	XIMATE INTERVAL	
MEDICAL CERTIFICATION		mediate mg the lost. NIFICANT C	conditions <u>co</u> /ere Art	RASACON Polycy ONTRIBUTIN	ISEQUENCE OF YSTIC KIC IG TO DEATH BUT Clerotic	NOT RELATED TO T	cula	r Disease,	Hepat 20b IF YES IN CERTIF	ic Cir	rhosis	
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23	BURIAL, CREMATION (SPECIFY) Burial	, REMOVAL		1987			ATORY	Baltimo:	re	COUNTY	ryland	
24	FUNERAL DIRECTOR Leonard J	. Rucl			ore, Mar	yland	250 DATE	CO21987	256 REGIST	RAR'S SIGNA	THRE KANDARD	

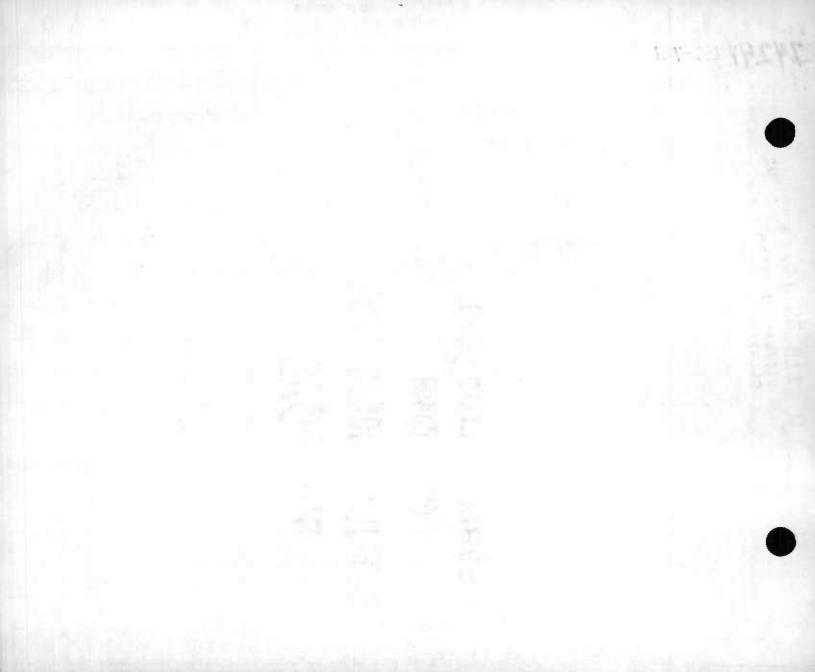
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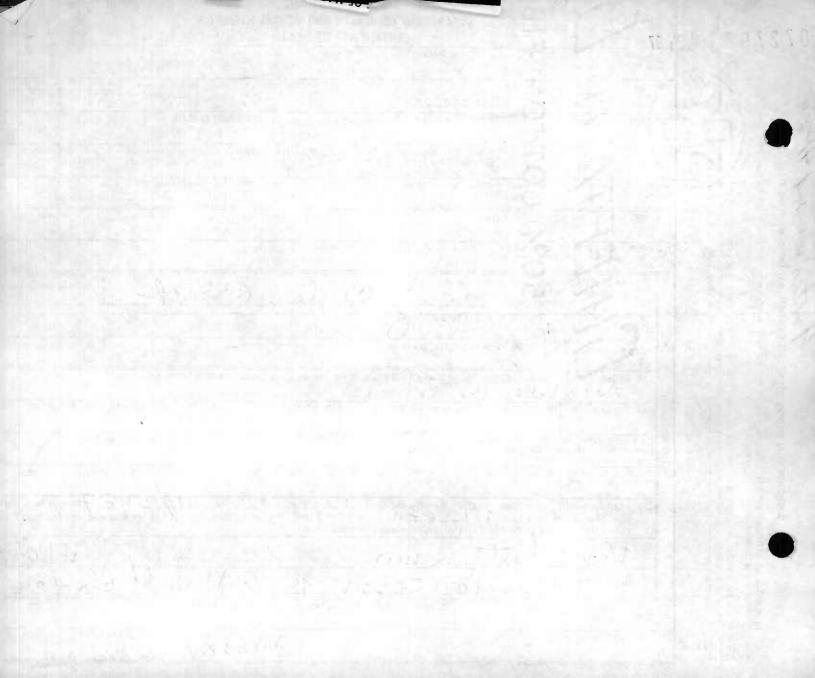
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742	47 DEC -7		CEASED NAME FIRST JOSE	D H		AST HICKMAN			26 HOUR P
	and						NOVEMBER		12:50 IF UNDER 24 HRS
	4 90	J. SEX	Male	BLACK	5. DATE (AGE (INTEASTAST AS		HOURS MIN.
-	Por Por	7a. B1	RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT CO	UNTRY?	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH	
		1	TARYLAND	USA	WIDOWI	D DNORCED	BALTIMO		MD.
= 3/		10	TY OR TOWN OF DEATH BALTIMORE	11. NAME OF HOSPITAL, INF NOT IN SUCH FACILITY, G THE JOHNS	IVE STREET ADDRESS)		12a USUAL OCCUPATI (TYPE OF WORK FOR MOST C	ON 12b, KIND OF DE WORKING LIFE) INDUSTRY	BUSINESS OR
ND 2120	TA hour		AL RESIDENCE (IF MURSING HOME O		CE BEFORE ADMISSION) OR TOWN	134 INSIDE CITY LIMITS?	13. STREET ADDRESS	1501.14x	31218
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30.5	thicate by physics apopers meval: vent, the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	ED BY: M F	ASTAT(- (a wan	CANCER		ATE INTERVAL NSET AND DEATH
2	drag orbor		IMMEDIA	DUE TO, OR AS A CO	NSEQUENCE OF				-
EST W	other countries of the		Conditions, if any, which	((b)					
5	by the		cause (o), stating the underlying cause last.	DUE TO, OR AS A CO	NSEQUENCE OF				
- ST	signed hen ple to burn (ury, or	z	PART 2. OTHER SIGNIFICANT		NG TO DEATH BUT	NOT RELATED TO THE TER	RMINAL DISEASE OR CON	DITION GIVEN IN PART 110	
DIVISION OF VITAL RECORDS	A De la	CERTIFICATION	198. DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES	
OF VIT	CLAN. T	72	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MON	TH DAY YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART ?)	
IVISION	other this of the but and Me but and Me but a sked of the but and Me but a sked of the but and me but a sked of the but	MEDICAL	21d IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY		211. LOCATION STREET	CITY OR TO	OWN COUNTY	STATE
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•	At OR A the host teleched teleched the Dept.		22b. SIGNATURE	Bun		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF (139	IGNED 7
	etained by the TO FUNERAL with the State WPORTANT.		HOWARD	BAUM		JOHNS H	OPKINS HOS	PITAL BALTA	10 21209
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	BP	24 FI	INERAL DIRECTOR	12-4-87	111.2	DIA CLIPTON	A F REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNATU	Med a Comme
D	HMH - 16 50M 1/81 (VRA 15, 4)		Fred Fune	RAL Home	DDRESS 209	402K2d 01	EC - 4 1987	The second secon	No. State Comments



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	4	Sto.	3. 5	:X	4. RACE			OF BIRTH		6. AGE (In years		IF UNDER 24 HRS.
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	er de	\$ 2		MD.		S.A.	8. MARRIED NEVE	DIVORCED X		But	4	Md
	s after	be the		ITY OR TOWN OF DEATH		11. NAME OF HOSPITAL OR give street address)Fre	NSTITUTION (If nat in has	spital 12a. USI	UAL OCCUPATION	(Kind of wark dane	12b. KIND OF BI	USINESS OR
201	hours	of the by	I	Baltimore	1	give street address)Fra Key Medica	inces Sco	BOO	nost of warking l KKEEPEI	ife, even if retired.)	DEPT.	STOR
2120	24 +	short	- 13a.	USUAL RESIDENCE (Where	deceased lived, if in	nstitutian: Residence befar	13c. CITY OR TOWN	13d. INSIDE CITY	LIMITS? 13e. STR	REET AND NUMBER		164
A S		三かちかん	adm	issian) STATE MD.	13b. COU	NTY LTIMORE	BALTIMO	RE YES 1	NOX 190	06 JACKS	ON RD.	122
B	within	a de de	14.	FATHER'S NAME First		idle Last		ER'S MAIDEN NAME	First	Middle		Last
N E		Solution of the state of the st	1)	WILLIAM J	. CONNE	D		IDA MAE	FORSY	гне		
7 W	executed	d empler	160	WAS DECEASED EVER IN L	J.S. ARMED FORCES?	16b. SOCIAL SECURIT	Y NO. 17. INFORMA	ANT		Address		
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Z =	pe	ysiciate and an papers. events with		NO CAUSE OF BEATY //				^		1	APPROXIMA	ATE INTERVAL SET AND DEATH
2 =	certificate	sici on s		PART I. DEATH WAS		per line far (a), (b), and	0 019	· Seac	Ahh	010-	BEIWEEN UNS	ET AND DEATH
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3 12				Canditians, if any, which		, OR AS A CONSEQUENCE)F)					
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>	ŧ	by the a please remaval,	10	lost.) (c)						
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND	s that	her	1	PART 2. OTHER SIGNIFICA	ant conditions con	ITRIBUTING TO DEATH BU	NOT RELATED TO THE TE	ERMINAL DISEASE OF	RCONDITION GIVEN	IN PART 1(o)		
DS,	requires		CATION	19a. DATE OF OPERATION	19b. CONDITION FO	OR WHICH OPERATION WAS	PERFORMED 20c	a. AUTOPSY?		YES, WERE FINDINGS	CONSIDERED IN CER	TIFYING
Š	ě	t perm	-					YES NO	CAUSES	OF DEATH?		
- R	law ian.		- EE	21a. ACCIDENT WAS	UNDERLYING 21b. T	IME OF INJURY			ter nature af injur	y in Part 1 ar Port 2,	Item 18.)	
IA	rhe	1-trans burial,	18	OR CONTRIBUTING [CAUS	E OF DEATH HOUR	A.M. Month Day Ye	or 19					
> 4	. N	ficat urial to b	MEDICAL	(If either, natity medical 21d. INJURY OCCURRED	21e. PLACE OF IN		FACTORY.) 21f. LOCATION	Street or R.F.D. N	la. City	or Town	County	State
N	PHYSICIAN: attending	certificate the burial-t		While Not while		OFFICE BUILDING, ETC.	,		/	1		
ISI	HYS	this as the	+	at wark at wark	(I) (this hasnital) attended the decer	sed from 1 2	-117 19	75. ta	11/11/19	F Titrat	(I) (we) las
2		. 0 0		saw the deced	ised alive an) attended the decer	_19, and that	in (my) (aur) a	pinian death o	occurred an the d	ate and haur a	nd fram the
	To I	After or use Hygin	1	causes stated	abave, (1) (we)	(did) (did not) view th	e bady after death.					
	ATTENDING hospital ar	cros: After ched for us Mental Hygi		22b. SIGNATURE	A-(A	Α.	TTENDING	MED -	STAFF 22c.	DATE SIGNED	11/10
				(neo	C Tel	Stown V	DEGREE P	HYS.	MED. DIRECTOR	PHYS.	11	16/8
		0 0 5	7	22d. PHYSICIAN'S	1016	01-		2e. ADDRESS	1. 71	11.11	00	1
	retained by	o FUNERAL shauld be af Health o		NAME (Type)	HEUC	· NULL	-DSON	12/	Q IVIE	www.	RVC	2/22
	10SF aine	UNE Duld Hea	230	. BURIAL, CREMATION,	23b. DATE	23c. NAME	F CEMETERY OR CREMA	TORY	23d. LOCATIO	N (City or Town)	(County)	(State)
	ret	sho af	1	REMOVAL (Specify)	11-16	-87						
				Remova 1 FUNERAL DIRECTOR		ADDRI	SS	2Sa. REC'D	BY REGISTRAR	2Sb. REGISTRAR		
		- 16 3/72 25M R A15 (4))	1	State Ana	tomy Bo	ard Ba	Lto., Md.	DATE	V 23 198	7 Julia 1	inder Par	
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STATE	OF	MARYLAND	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR					REG. NO		
. DECEASED NAME	FIRST	MIDDLE	ι	AST	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR
[TIPE OR PRINT]	Minnie	E.		Hindman	11-12-87		6:00 M
SEX	4 RACE		5 DATE C	OF BIRTH	6 AGE IN YEARS LAST BIR		
Male	White	e	MONTH	6-1885	102	YRS.	YS HOURS MIN,
BIRTHPLACE STATE OFF	OREIGN 76. CITIZEN O	F WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
Baltimore, MD	. U.S.	Α.	WIDOWE		Baltimore	City	M
CITY OR TOWN OF DEA	TH 11. NAME OF	F HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATI	ON 126 KINE	OF BUSINESS OR
Baltimore				ursing Home	Home MAker		KT
JSUAL RESIDENCE (IF NURS			E ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	The second second	
MD.	138 COONT	Baltimor		YES X NO		ony AVenue-	21206
FATHER'S NAME				15. MOTHER'S MAIDEN NA	ME		
John Eis	se1	LAST		Alisa	Hupfelt		LAST
60 WAS DECEASED EVER		166 SOCIAL SECL	IRITY NO	17 INFORMANT	ADDRE	SS	
(YES, NO OR UNKNOWN)	HEYES, GIVE WAR OR DATES)	216-03-9			1 005		. 212
		210-03-9	443	W. MElvin Hi	ndman -835_		OXIMATE INTERVALEN ONSET AND DEATH
	IFICANT CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART	lia
NO DATE OF OPERAL	ION 196 CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN	DINGS USED
1					YES NO	YES [NO [
0.000	AUSE OF DEATH HOUR	OF INJURY A.M. MONTH D. P.M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PART :	2)
(IF EITHER NOTIFY MEDIC 21d. INJURY OCCURF WHILE NOT WH AT WORK AT WOR	ZIe, PLAC	E OF INJURY STREET, FACTORY, OFFICE, I	FARM, ETC.)	211 LOCATION STREFT	CITY OR TO	WN COUNTY	STATE
	(this haspital) attended	the deceased from	2 .	-15- 1084	- 10-	21-187	that (I) (we) los
sow the decease	d plive on	11- 195	7-,0	nd that in (my) (our) opinion	death occurred an the de	ate and haur and fram t	-,
22b. SIGNATURE	lid) (did not) view the boo	dy ofter deoth.		DEGREE		22¢ DA	ATE SIGNED
DOIM	1////	1111	1/	ATTENDING I	MEDICAL STAI		12-54
22d. PHYSICIAN'S NA	ANT (TYPE OR PRINT)	000		PHYSICIAN [DIRECTOR PHYSIC	IAN []	,-01
						F & F 5 L	
Cesan	9. Gamboa	. M.D.		3440 Belai	r Rd. Bal	to. Md.	21213
230 BURIAL CREMATION							
Burial	REMOVAL 236 DATE 11=14			d Cemetery	23d LOCATION CITY OR TOWN	Maryland	STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

John C. Miller, Inc.-6415 Belair Rd.-21206

NOV 1 3 1987 Autia Decider Po Julia Divideon Randall The second secon

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE B7 STATE ... 073323 NOV 2 CERTIFICATE OF DEATH REG. NO. 20. DATE OF DEATH MONTH 1. DECEASED NAME YEAR 7h HOUR TYPE OR PRINTS Mary Agnes Hodes 11 24 87 IF UNDER 1 YEAR IF UNDER 24 HRS 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 3. SEX NOV. 7. 1920 67 Female White BALTIMORE CITY OR COUNTY OF DEATH 78 BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Baltimore City WIDOWED DIVORCED | Md IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION BODING OF TUS NESSOR T. 12a USUAL OCCUPATION Administrator Balto. County East Northern Pkwy. Baltimore BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 0 YES J Md Baltimore 3010 E. Northern Parkway 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLE LAST MIDDLE Hodes Marv Gaffey Harry ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT LIF YES, GIVE WAR OR DATEST (YES, NO OR UNKNOWN) 220-18-7190 Ms. Betty Ann Hodes Same APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).
PART I. DEATH WAS CAUSED BY: tatostic CNUW IMMUN DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED p IN CERTIFYING CAUSES OF DEATH? buriol-tronsit peri NO YES [ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) DAY YEAR MONTH CAUSE OF DEATH 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY ò CITY OF TOWN COUNTY STATE OFFICE, FARM, ETC 1 220.1 certify tha (1) this hospital) attended the deceased from sow the deceased al , and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated obove, (1) (we) (did / did not DEGREE MEDICAL STAFF ATTENDING should be detoo PHYSICIAN DIRECTOR PHYSICIAN PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 660 Kenilworth Dr. 21204 David Shear M.D. 73d LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE COUNTY Nov. 27, 1987 Baltimore Parkwood Burial 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 1/81 Chulia Dandon-Ke 5305 Harford Rd. Leonard J. Ruck , Inc. (VRA 15, 4)

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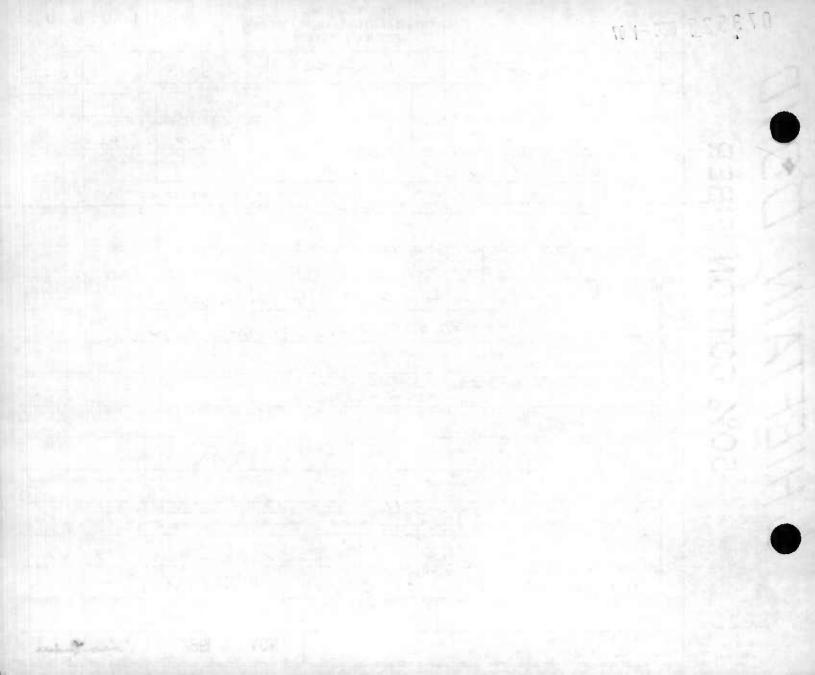
Laure J. anes, D.c. | Obs. | Property NOV 25 1987 | John Nov

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 20 DATE KNOWN DAY (TYPE OR PRINT) ESTI-George Hodges, Jr. DEATH MATED XX 11-24 1987 4. RACE DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 9:52 2c. DATE LAST BIRTHDAY) PRONOUNCED 64 YRS DEAD 23 11-25 1987 Cau. a. M BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) Baltimore City U.S.A. WIDOWED | DIVORCED 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY 716 N. Charles St., Apt. 301 Baltimore Gardner Retired SUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 3a. STATE 13c. CITY OR TOWN 13b COUNTY 13d INSIDE CITY LIMITS? 113e. STREET ADDRESS YES T NO [716 N. Charles St. 21201 Md. Balto. 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE Hodges Sr. George Mary Todd 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 21214 TYES NO OR UNKNOWNI 219-12-9734 Norma M. Goldsmith 6002 Carter Ave. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO. OR AS A CONSEQUENCE OF lying couse last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) Chronic Obstructive Pulmonary Disease 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO X 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 10 21e PLACE OF INJURY (AT HOME. 214 INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK Inspection XX TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE 22a I certify that I taak charge of the remains described above, held on and in my apinian Undetermined monner death resulted for Accident Homicide ______ Deputy Chief ACTUAL 11-25-87 SKINATURE MEDICAL EXAMINER EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., Md. 21201 TYPE OR PRINT ADDRESS 23a.BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 73c. NAME OF CEMETERY OR CREMATORY STATE 11-27-87 Loudon Park Cem. Balto. Md. BAlto. Cremation 07/84 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 25M 24. FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) John C. Miller Inc. 6415 Belair Rd. 21206

It FATHER'S NAME IAST IS MOTHER'S MADDEN NAME IAST ID MOTHER'S MADDEN NAME IAST ID MOTHER'S MADDEN NAME IAST I		1				STATI	OF MARYLA	ND				
WILLIAM HODGES 1. SEX S. DATE OF BRITH S. ACE INSTANCIAL BRITCHIN SOCIETY OF STREET AND S	8 NOV		REGISTRAR		DEPART	CERTIF	ICATE OF D		0 /	, j	1 9	6 5
SEX C.RACE S.DATEO PRICH A GOE (INSTRUCTION OF TAXA C.	deoth			ī	MIDDLE	· ·	AST		20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
SEX GRACE STATE OF BRITH STATE OF B				IAM		HODGE	S	3.1	NOVEMBER	13.	1987	11:15 ^A
Note		3. SE			41	5. DATE C	F BIRTH		AGE (IN YEARS LAST BIR			
BARTHMAKE STATE DEFORMED BACTIZEN OF WHAT COUNTY OF DEATH WOOMED DWORCED BALTIMOPE BALTI	1	b .	M	В	V				55	1	ONTHS DAYS	HOURS MIN.
BALTIMORE BALTIMORE BALTIMORE BALTIMORE BALTIMORE BALTIMORE BALTIMORE BALTIMORE BALTIMORE BASHAR BALTIMORE BALT	1							ARRIED		11.00	OF DEATH	AAD
MD. BALTIMORE BALTIMORE 13. MODIL 15. MODIL 15				11. NAME O	F HOSPITAL, NURSIN	G HOME C			120 USUAL OCCUPATI	NC		
NODE LAST FAST MODIE LAST FAST MODIE LAST	nanust be	13a.	STATE 13b	OUNTY	13c. CITY OR TOW	/N					ou Ct.	2123
18 CAUSE OF DEATH lEnter only one couse per line for fol, (b), and ich part I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (b)ITVER_FAILURE DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove rise to immediate couse lost, storing the underlying couse lost. (c)	1	III. F	THER'S NAME	WIDDLE	LAST				E MIDDLE		LAST	
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	11.	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYC	SIENES 7 S 1 7 G	
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page 3		HARRY	H. HOFFENBERG	11/30/87	1015 AM
ge 4 mo ector. po	3 SE	M ALE	4. RACE COULC S. DATE OF BIRTH MONTH DAY O Z VEAR O Z	SS YRS. MONTHS DAYS H	OURS MIN.
nerol dir	7a. B	RTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY OF DEATH BALT CITY	MD.
s ofter d		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) PROPRIETOR 126. USUAL OCCUPATION (TYPE OF WORKING LIFE) SHERWO	OD PRES
24 hours	USU 130	AL RESIDENCE (IF NURSING HOME OR STATE 13b, COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	13e.STREET ADDRESS / ZIP CODE APT.	102
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n ono con Pogo 1 c		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT MRS.	NETTIE HOFFENBERG APT.	
physician npopers. maval.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)	ly one cause per line for (a), (b), and (c). DBY: (CSP - FAILURE		TE INTERVAL
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Crownsville Vets

DHMH - 16 60M 7/B4 (VRA 15, 4)

BURIAL

24. FUNERAL DIRECTOR Raymond C. Fink Glen Burnie, Md 21061

11/20/87

25a DATE REC'D. BY REGISTRAR 251 REGISTRAR'S SIGNATURE

Crownsville A.A

Md STATE

STATE OF MARYLAND

NOV 1 O 1987 Strational Property

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by that		underlying cause	last.	(c)				- 221				
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARTLAND 21201 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours or attending physician. Wher this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbon papers-Pages Tand 2 should be file th and Mental Hygiene prior to burial, cremation, or removal. Oncedor team 18 shows any injury, or other traumatic event, the medical examiner must be no	z	PART 2. OTHER SIGN	IFICANT CON	IDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	E TERMINAL	DISEASE OR CON	DITION GIVE	V IN PART 110	
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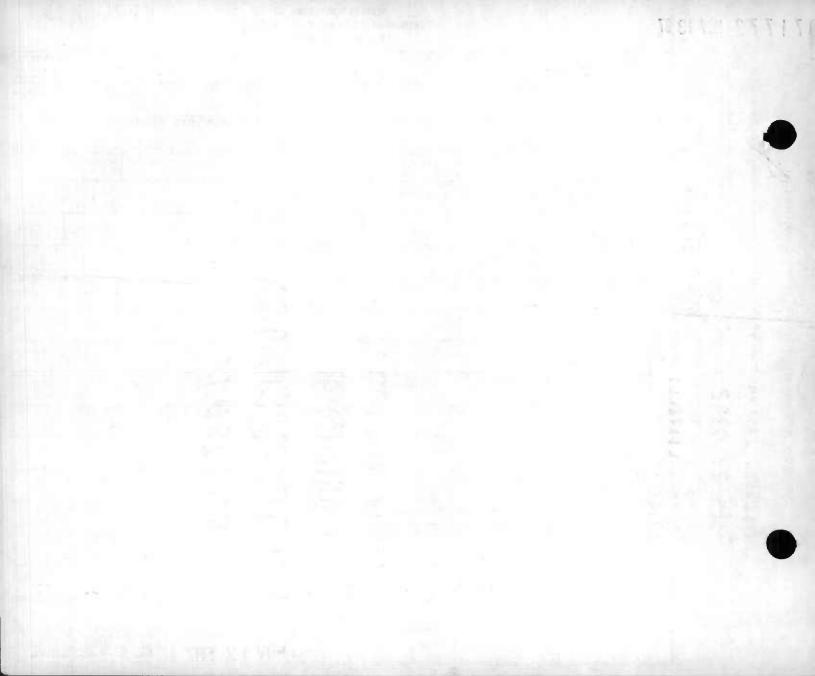
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ed within 24 ho mplerely filled in ohdo should be t	13o.	AL RESIDENCE (IF NURSING HOME STATE 13b. CO	OR OTHER INSTITUTION		E ADMISSION)	13d INSIDE CITY LIMIT	S? 13e. STREET	Mt Holl	y Street	21229
ithin tely	14, E/	ATHER'S NAME	DOLF			15. MOTHER'S MAIDEN	NAME			
p ld ld		Joseph	A .	Ho11a	and	Blanche	е	WIDDLE	Johnson	n
- "Ones" " make		WAS DECEASED EVER IN U.S.		166. SOCIAL SECU	IRITY NO.	17. INFORMANT	10000	ADDRESS		
e un p	1	YES, NO OR UNKNOWN) IF YES,	GIVE WAR OR DATES)	F-V		Melvin Ho	11and 7	15 Mt H	olly Street	
tote be executed to the following the follow		18 CAUSE OF DEATH (Enter	only one cause per	r line for (o), (b), on	d (c1.)				APPROXIMATE BETWEEN ONSE	T AND DEATH
SE 1598 E	1	PART I. DEATH WAS CAU	SED BY: IATE CAUSE (0)		(CARDIAC AF	RREST			
NG PHYSICIAN The toor requires that the death cert remained physician the principle of the physician that place is the principle of the physician by the principle of the physician place is the principle of the physician principle of the physician	NO NO	Conditians, if any, which gave rise to immediate cause (o), stating the underlying cause last. PART 2. OTHER SIGNIFICAN	(c)_	OR AS A CONSEQU		NOT RELATED TO THE	TERMINAL DISEAS	E OR CONDITIO	N GIVEN IN PART 110	
on or	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTO	PSY? 20b.	IF YES, WERE FINDINGS CERTIFYING CAUSES OF YES \	USED DEATH?
CIAN, physic crificot mai Hyg	455	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM)	DEATH HOUR A	DF INJURY M. MONTH D M.	AY YEAR	21c HOW INJURY OC	CURRED (ENTER NA	TURE OF INJURY IN ITE	(M 18 PART I OR PART 2)	1413
ortending ter this ca s the born	MEDICA	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, I	ARM, ETC.)	211. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
S Affi	200 50	220.1 certify that (1) (this ha	spital) ottended th	he deceosed fram_			, ta		, 19, that	t (I) (we) last
21 TO 00 0	4.0	sow the deceased olive obove, (1) (we) (did) (did	on	alter death	, a	nd that in (my) (our) opi	nion death occurre	d on the dote an	nd haur and from the caus	ses stoted
SPITAL OR A 3 by the hos- NERAL DIREC be detached e State Dept- TANT: If them	E 2 200	22b. SIGNATURE	les mo	diei dediii.			N DIRECTOR		220. DATE SIG	
TO HOSPI retoined b TO FUNE should be with the Si		22d. PHYSICIAN'S NAME ITY	/	DOT ME			DADWAY,	BALTIM	ORE,MD.21	231
BP	23a. I	BURIAL, CREMATION, REMOV (SPECIFY) Burial	236 DATE 11/13/	/87 A	rbutu:	emetery or cremato s Memorial	Arti	Pt'0's'	COUNTY	STATE Md
DHMH - 16 50M 1/81 (VRA 15, 4)		UNERAL DIRECTOR IM. C. March F.	/H West 4	1300 Waba	sh Av			. 1	Lia Scriden Par	daes.



'n	1			STATE OF MARYLAND		1 12 7 1
071299 NOV	01	FOR STATE REGISTRAR	DI	PARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENS / REG. NO.	1 7 1 7
noy be poge 3		CEASED NAME FIRST	LADYY	Hower	26 DATE OF DEATH MONTH	DAY YEAR 26 HOUR 9: 30 PM
offee	3 SE	× Female	A RACE BARCK	S DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
deoth. Page	70. B	RTHPLACE (STATE OR FOR COUNTRY AND COUNTRY	76. CITIZEN OF WHAT COL	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COU	NTY OF DEATH
by the fur ided with inchined o	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME OR OTHER INSTITUTION		126. KIND OF BUSINESS OR
ND 212 24 hours illed in wild be f	130 134	AL RESIDENCE (IF NURSING HOASTATE 136 CI	OUNTY 131.	EBEFOREADMISSION) R 1910 13d INSIDE CITY LIMIT YES 1 NO		inator Ave
MARYLA ed within mpletely f ord 2 she examiner	14. F.	ATHER'S NAME FIRST	MIDDLE CORD	15. MO HER'S MAIDER	N NAME MIDDLE	rnish
BALTIMORE, M. One be executed Spers. Poges 1 or Vol. 1, the medical ex		WAS DECEASED EVER IN U.S. YES, NO OF UNKNOWN) (IF YE	ARMED FORCES? 166 SOCIA S, GIVE WAR OR DATES)	AL SECURITY NO. 17 INFORMANT	bul Holly 2104	Rovent A1217
Review PRESTON ST., BAL Review that he death certificate is grad by the ottending physici Then please remove carbon paper to buriol, cremoinon, or removal. njury, or other traumatic event, th	NO	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) (c)	Sepsis Uservier /feart	(0.10	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH SCA Y GIVEN IN PART 110
beer mit.	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 200, IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
O PHYSICIAN: The Ic Strending physicion. In this certificate has the buriol-tronsine on and Mental Hygien per ked or Item-18 shows	MEDICAL CER	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER NOTIFY MEDICAL EXAM	HOUR A.M., MON'	TH DAY YEAR	CURRED (ENTER NATURE OF INJURY IN ITEM	18 PART OR PART 2
DIVISION OF ING PHYSICIA After this certif os the buriol-lith and Mentol orked or them	WED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	,		CITY OF TOWN	COUNTY STATE
PIVER ATTENDING hospital or or or Affect TOR. Affect need for use as 1 ipp. of Health o		sow the deceosed oliv obove, (I) (we) (did) (di	e on door view the body ofter death	19 8 , and that in (my) (our) ope	nion death occurred on the date and	hour and from the causes stated
0 % Q #		226. SIGNATURE	Mu Ess	ATTENDIN PHYSICIA	NG MEDICAL STAFF	1/9/1
TO HOSPITAL retoined by il TO FUNERAL should be det with the Store		MARKE	MANT MO-	917/13/	270M7/1/4c	(Ad LAYS
BP	L	BURIAL CREMATION, REMO	VAL 236 DATE 11-10-87	M.Z. Dru Cem	BAllimon	e to. mid.
DHMH - 16 60M 7/B4 (VRA 15, 4)	L'S	NAME OF AL	Russ 2223	DU NothAve	NOV 9 1987 ARISE	Duriden Kadall

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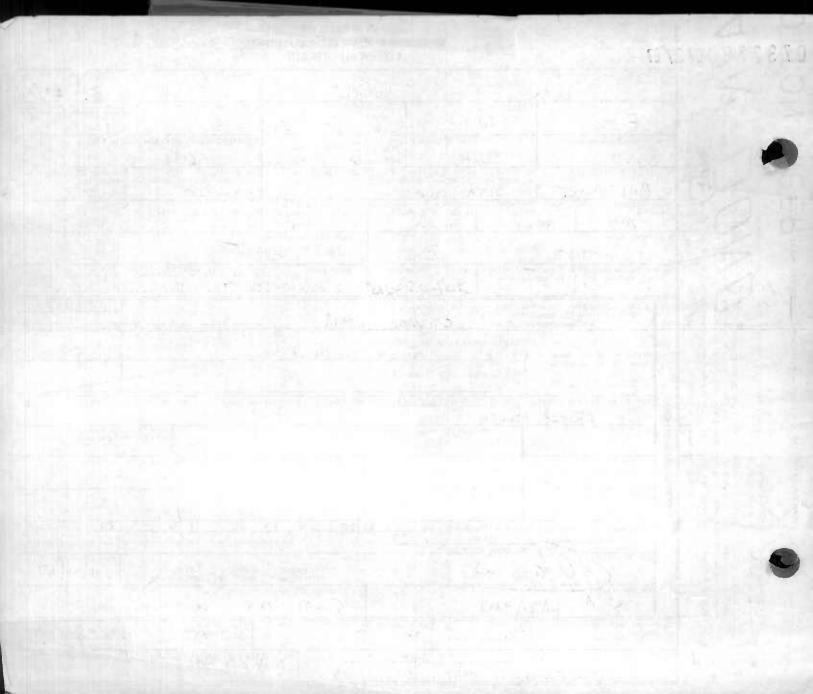
FOR STATE OPEGISTRAD

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1	
 110		

41							REG. N					
	ECEASED NAME FIRST	WIDDLE	LA	ST		20. DATE OF	DEATH	MONIH	DAY	YEAR	2b HO	JR
(146	DO R	A	HON	lick				11	75	87	2	15p
3. SE		4. RACE	5. DATE OF			6. AGE INY	ARS LAST BIR	THDAY)	IF UND	ER I YEAR	IF UNDE	
	FEMALE	ω HITE	MONTH	DAY	S S	99		YRS	MONTHS	DAYS	HOURS	MIN.
7a. 8	SIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 AAABBIED	□ NEVER M		9. BALTIMO	RE CITY O			EATH		
I	POLAND	usa, A	WIDOWED		ORCED		Ci	77				MI
10. C	GALTIMURY	11. NAME OF HOSPITAL, NURSIN		R OTHER INST	ITUTION	120 USUAL (TYPE OF WORK HOUSE	FOR MOST C			KIND O DUSTRY ברל	F BUSIN	
T3a. :	JAL RESIDENCE (IF NURSING HOME C STATE 13b. COL	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	/N		NO 🔀	13e STREET A	DDRESS					
D. FA	ATHER'S NAME FIRST BENJAMIN	MIDDLE LAST BERL			MAIDEN NAM		MIDDLE		HA	MBUF		
	WAS DECEASED EVER IN U.S. A	RMED FORCES? 16b. SOCIAL SECU	JRITY NO.	17 INFORMAL	NT MR	. BERN	ARDOR	ONIC		PT.		
	NO NO OK BIAKNOWA)	301-0S	5-4225	3 S7	PONEHEN	GE CIR	. B	ALTO.	,MD	2	21208	3
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly one cause per line for (a), (b), on	nd (c).)							APPROXI	MATE INTE	RVAL
	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUI	ENCE OF	to ra	114							
CATION	gave rise to immediate cause (a), stating the underlying cause last.) (0)	ENCE OF			NAL DISEASE		20b. IF Y	ES, WER	E FINDIN	IGS USE	
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	gove rise to immediate couse (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 11d. INJURY OCCURRED WHILE AT WORK AT WORK AT WORK 12d. I certify that (I) (this hasp sow the decased in 12d.)	DUE TO, OR AS A CONSEQUIDED. CONDITIONS CONTRIBUTING TO IT. 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21c. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	DEATH BUT N OPERATION AY YEAR 19 FARM ETC.)	216 HOW INJ	NAMED JURY OCCURR N 19 87	200 AUTO	PSY? NO URE OF INJU	20b. IF Y IN CERT	ES, WERI	E FINDIN CAUSES	IGS USE OF DEA' NO [TH?
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	gove rise to immediate couse (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK NOTIFY MEDICAL EXAMINE 220. I certify that (I) (this hasp sow the deceased in above. (I) (we) (II)	DUE TO, OR AS A CONSEQUIDED. CONDITIONS CONTRIBUTING TO IT. 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21c. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.) Sittol) oftended the deceased from	DEATH BUT N OPERATION AY YEAR 19 FARM ETC.) D	21c HOW IN J 21f LOCATIO STREET J that in (my) (EGREE	IURY OCCURR 1, 19 37 1,	200 AUTO YES ED (ENTER NA , 10 death accurred	PSY? NO URE OF INJU CITY OR TO J on the do STAI	20b. IF Y IN CERT IN CERT IN TEM 18	ES, WERITING (FINE PARTITION OF	E FINDING CAUSES PART 2) DUNITY From the cause of the	GS USE OF DEA' NO [STATE we) la ofed

DHMH - 16 60M 7/8 (VRA 15, 4)



STATE OF MARYLAND

HOOD

July 22,1914

5 DATE OF BIRTH

MONTH

WIDOWED

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Union Memorial Hospital

Baltimore

16h SOCIAL SECURITY NO.

LAST

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO 20 DATE OF DEATH 2b HOUR 18 1909 87 & AGE TIN YEARS LAST BIRTHDAY IF UNDER TYPAR IF UNDER 24 HRS

BALTIMORE CITY OR COUNTY OF DEATH

MARRIED NEVER MARRIED BALTIMORE 20 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE

12b. KIND OF BUSINESS OR INDUSTRY Steel Co.

Welder

13e.STREET ADDRESS / ZIP CODE 3426 Mayfield Ave, 21213

15 MOTHER'S MAIDEN NAME unknown

DIVORCED

13d. INSIDE CITY LIMITS?

17 INFORMANT

ADDRESS

030-10-1399-A Gloria M. Hood, Wife, same as above APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (o) Hnoxic damage

Kesp. arrest

Incontrolled

DUE TO, OR AS A CONSEQUENCE OF

Cardiac arres

lwk.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 710. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY

21e PLACE OF INJURY

HOUR A.M.

220.1 certify that (1) (this hospital) attended the deceased from

NOF 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

MONTH DAY YEAR AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

211. LOCATION

COUNTY CITY OR TOWN

STATE

sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 22h SIGNATURE DEGREE

ATTENDING

MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

200 AUTOPSY?

22c. DATE SIGNED

224 PHYSICIAN'S NAME (TYPE OF PRINT 1/30/5 505

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

> Onian Memorial 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE

CITY OF TOWN

230. BURIAL, CREMATION, REMOVAL Cremation 24 FUNERAL DIRECTOR

DECEASED NAME

ARTHUR

4 RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

MIDDLE

HEYES GIVE WAR OR DATEST

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).1

13b. COUNTY

Caucasian

7b. CITIZEN OF WHAT COUNTRY?

B.

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

TYPE OR PRINTS

Male

TO BIRTHPLACE (STATE OR FOREIGN

Nova Scotia

unknown

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DE ATH WAS CAUSED BY

Conditions, if ony, which

gove rise to immediate couse (o), stoting

underlying couse

BALTIMORE CITY

10 CITY OR TOWN OF DEATH

Maryland 4 FATHER'S NAME

NO

CERTIFICATION

MEDICAL

3. SEX

Security Process 3334 Brehms Lane SCHIMUNEK FUNERAL HOME, Balto, Md. 21213

Baltimore,

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

water - Windate

DHMH - 16 60M 7/B4 (VRA 15, 4)

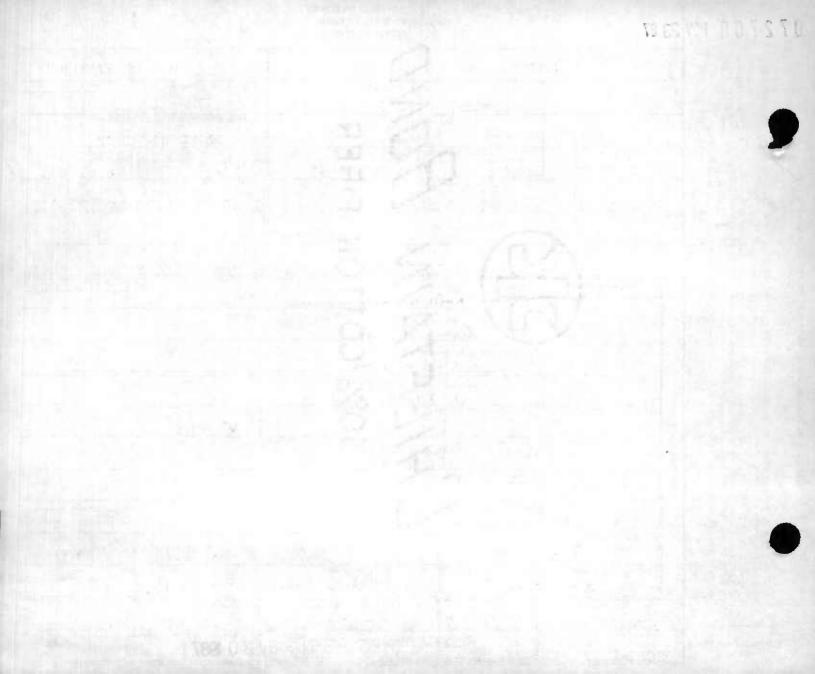
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		1			STATE OF MARYLAND												
		FOR STATE				DEPARTMENT OF HEALTH AND MENTAL HYGIENE											
			REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.													
			CEASED NAME	FIRST		MIDDLE			LAST			20 DATE K	NOWN ESTI-	HTMOM X	DAY YEAR	2b. HOUR	
5	ET, ES.			George		Μ.			Hook,	Sr.		DEATH /	MATED [11/	22/19 8	7 4	
07336	計算が	7 %	7	RACE	S. DATE OF BIE	TH YEA	6. AGE (IN)	EARS IF L		IF UNDER		2c DATE		MONTH	DAY YEA	R 2d HOUR	
0,006	ZZCE	Ma	le	White		11 1.			ITHS DAYS	HOURS	MIN.	PRONOUNC DEAD	ED	11/	22/19 8	5:23	
Z A	AL DIR	70 B	IRTHPLACE (STA	TE OR	76 CITIZEN OF	WHATCO		Te	2152 🗆 115			9. BALTIMO	RE CITY	OR COUN	TY OF DEATH	/ 1 - M	
1	FUNERAL DESFOR YOUNGESTON	FC	Md. CITY OR TOWN OF DEATH Baltimore		II.	S. A								City	lity		
/2	5.3.3.0.3. 5.3.3.0.3. —	10. C			II. NAME OF	HOSPITAL, I								PE OF WORK	126 KIND OF E	F BUSINESS	
2013	2, AND 3 TO THE FUND 3, RETAIN PAGE 5.F 2 SHOULD BE FILED, W AL RECORDS, 201 W. F													rvice	ce-self Emp]		
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, 1201	NA POO		TATE	13P COUNT		13c C	ITY OR TOWN		13d INSIDE C		13e. STRE	ET ADDRES	C			270	
3.2 F A	S. S	14.5	Md.			Ba	lto.			NO 🗆	1 -	z hore	St H	III A	ve. #21	270	
APR I	A232	14. F.	ATHER'S NAME FIRST		MIDDLE		LAST		15. MOTH	ER'S MAIDE	EN NAME	AID	DLE		LAST		
/ASIS	经营业		George		R.		Hook			innie					Pool		
(W)	Sagas Sagas	160. \	WAS DECEASED ES, NO, OR UNKNOW	EVER IN U.S. ARM		16b. S	OCIAL SECURI	TY NO.	17 INFOR	MANT 16	32 F	prest	Heores	S Ave.	-Balto.	, Md.	
1	SAFE		No			21	8-01-61	18	Geor	ge M.	Hook	Jr.			#2123	0	
2 8	. × E B		18. CAUSE OF	DEATH (Enter only	y ane cause per								36476		APPROXIMA BETWEEN ON	TE INTERVAL	
N S	DONG V PERMIT, SENE, D		PARTI DEATH WAS CAUSED BY: Arteriosclerotic Cardiovascular Disease												BETWEEN ON	ET AIND DE AIN	
075	E OR SO			111112517111		OR AS A C	ONSEQUENCE	OF					1-A			4	
38.	E E SE			, if any, which	4.										170		
W. W.	NAME OF STREET			ta immediate	DUE TO.	OR AS A C	ONSEQUENCE	OF									
201	N N N N N N N N N N N N N N N N N N N		lying cause	e last.	1										100		
26 08	ANGAGE		PART 2 OTHER SIG	NIFICANT CONDITIONS C	ONTRIBUTING TO DE	ATH BUT NOT I	DELATED TO THE TER	MINAL DISE	OLLIONO S &O 351	N CIVEN IN BAL	DT 1						
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20	BE FOR METHER MET		death resulted	13	Louises X	ccide		To T	Hamie			ermined man			J		
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	\$ 550 E		ACTUAL SIGNATURE	0000	100	min	JUN	lu			t	CAL EXAMI		DATE	11/3	23/87	
4	ESSER =		SICHALDRE T	بممصحع	0	Juny	7		100	and con	WEDI	CALEXAMI	VER	SIGNE	ED 11/2	.37.07	
6	53581		EXAMINER'S N	IAME De	nnis F.	Smot	h, M.D.		_ADDRESS_	111	Don	n St.	Ral	to	Md. 212	001	
9	EXECUTE THE PAGE 4 SHOULD TO FUNERAL AFTER DEATH BARTIMORE, M	230 B		ON, REMOVAL 23			c. NAME OF CE					CATION	Da		rid. ZIZ	101	
		130.0	Burial				estmins				CITY	OR TOWN	+	COU		STATE	
07/84 25M	BP	24 F	UNERAL DIRECT	OP O		and I		i Au	17072	25g, DATE F	REC'D BY	stmins REGISTRAR	125h REG	ISTRARIS	Md.		
7-5-1	DHMH - 17	10	21444	AN JO	HWAB	RESS 5/		N 10,	MAIX	NOV	125	1987	ma	Dende	SIGNALIRE	~	
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LAST HELEN HOOPER 1317 HOMESTEAD STREET APPROXIMATE INTERVAL BETWEEN ONSET AND DEA PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY and that in (my) (our) apinion deoth occurred on the date and hour and from the couses stated 221 DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS CAESAK 23g. BURIAL CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE BURIAL ARBUTUS 12/1/87 ARBUTUS MEM PARK MD 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATUR 24. FUNERAL DIRECTOR Julia Devideon Randal MARCH F/H, INC. 1101 E. NORTH AVENUE

STATE OF MARYLAND

DAY

26

YEAR

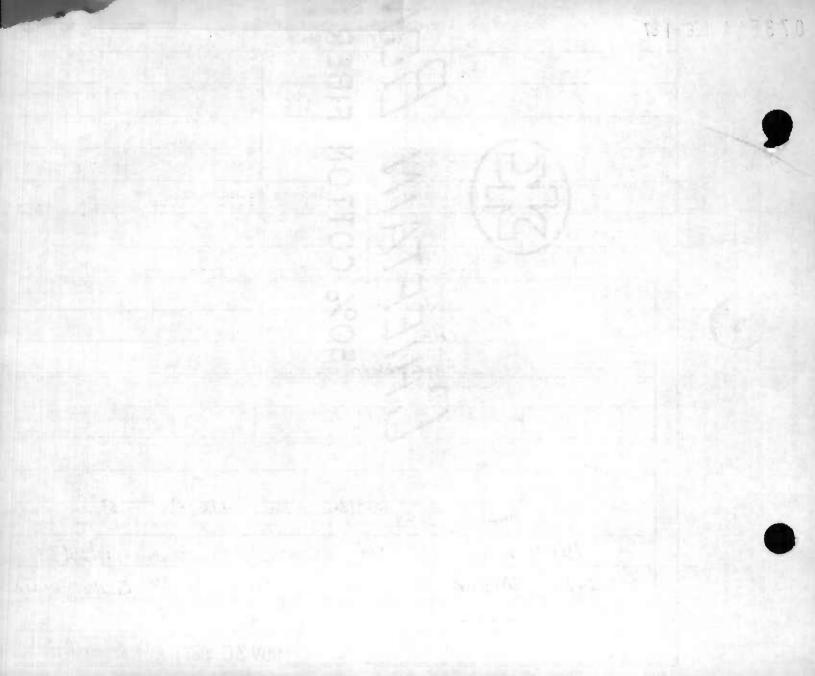
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2h HOUR

126 KIND OF BUSINESS OR

DHMH - 16 60M 7/84 (VRA 15, 4)

9.0



					STATE OF M.	ARYLAND		
0735-90	DEC -	lı 8	TOR TSTATE REGISTRAR	DEF	PARTMENT OF HEALTH CERTIFICATE		ENE 7 3	1 9 7 9
		I. DE	CEASED NAME FIRST	MIDDLE	LAST		20. DATE OF DEATH MO	NTH DAY YEAR 26 HOUR
ay be oge 3 death		(TYPE	JOSEPH		HOPE		NOVEMBER	28, 1987 10:05 ^p _M
may po		3. SE	4 4 4 4 4	RACE	S DATE OF BIRTH	DAY YEAR	6. AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS HOURS MIN.
90 00			MALE	NEGKOL	D Sept.	22,1910	77	YRS.
£ 50	77	7a. B1	RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COU	MARRIED N	EVER MARRIED	9. BALTIMORE CITY OR C	
8/51/	3	ک	outh Carelina TY OR TOWN OF DEATH	1. NAME OF HOSPITAL N	WIDOWED _	DILOWCED [BALTIMORE 120. USUAL OCCUPATION	MU.
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			LTIMORE	THE JOHNS	STREET ADDRESS) HOPKINS HO	SPITAL	CTYPE OF WORK FOR MOST OF WE	
AND 217	north	130.5	AL RESIDENCE (IF NURSING HOME OR OT ATTE 13b. COUNTY		170. 13d. IN	NO [Preston st.
# f		14 FA	THER'S NAME FIRST MIC	DDLE / LA	15. MO	THER'S MAIDEN NAM	MIDDLE	LAST
	1		SOHN	1108	E	MAX	ADDRESS	em K.
IMORE	medico /		/AS DECEASED EVER IN U.S. ARME ES, NO OR UNKNOWN) (IF YES, GIVE W	VAR OR DATES)	SECURITY NO. 17. INF	-LIZABE	TH ALSTO	N HOPE
BALT	ě,		18 CAUSE OF DEATH (Enter only					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
P	dve.		PART I. DEATH WAS CAUSED IMMEDIATE		DILE ARR	SST		MOMENTS
O 4 208	a de la composição de l			DUE TO, OR AS A CON	_ / /	0.4.00		No. 1 - 1 - 1
S 6 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	100		Canditions, if any, which gave rise to immediate	(b) <u>KS</u> >	PIRKOLY	1441251	*****	MOMENTS
3 67 673	other	4	cause (a), stating the underlying cause last.	DUE TO, OR AS A CON		SIONA.		2-3 years.
Ures.	ury, or	z	PART 2. OTHER SIGNIFICANT CO			ELATED TO THE TERMI	NAL DISEASE OR CONDIT	ON GIVEN IN PART No
ECOR.	Ony in	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR V	VHICH OPERATION WAS	PERFORMED	20a AUTOPSY? 20	DE IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
The second	Est.	TIF					YES NO NO	YES NO
physical property of the physical physi	10		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		H DAY YEAR	OW INJURY OCCURRI	ED (ENTER NATURE OF MUNY IN	ITEM IB PART I OR PART 2)
No to the	1 /	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY		OCATION		
4VISA days of the finds	rked	WE.	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, O	OFFICE, FARM, ETC)	STREET	CITY OR TOWN	COUNTY STATE
N N N N N N N N N N N N N N N N N N N	0 H		22a. I certify that (1) (this haspital			, 19_87	_, to	19 87, that (wé) last
CTO CTO	25		saw the deceased alive an abave (1)(we) (did not)	wiew the body after death.			eath occurred on the date	and haur and from the causes stated
S S S S S S S S S S S S S S S S S S S	1		THE SIGNATURE WILLS	sner)	MD	ATTENDING _	MEDICAL STAFF	11/28/87
HOSPITA FUNERA Mid be d	2		22d. PHYSIC/AN'S NAME (TYPE OR P		72e A	DDRESS		
D HOSPITAL torring by th O FUNESAL hould be deta	Q V		MARK	1518NE1	2 MD 6	00 N. UO	LF 85 13429	- MO
5 5 5 5 5	5	23a. E	SPECIAL SPECIA	23b. DATE	23c. NAME OF CEMETER	0	23d LOCATION	COUNTY
BP	_		BURIAL	12-5-87	Salto.		Balt	D., Md.
DHMH - 16 50M 1/ (VRA 15, 4)	/B1	24 FI	INERAL DIRECTOR	u995 13	PRESS OF D	100 DATE	/	REGISTRAR'S SIGNATURE
, , , , ,		11	110100,001	4945 13	11E. TrPS	1013 JUN	0 0 1301	on Manager Vanishan

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	1			STATE	OF MARYLAND			
1 NOV	1918	FOR STATE REGISTRAR			EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	.90-64-	B 3:311
deoth deoth		CEASED NAME FIRST	WIDDLE	£.	AST	2a. DATE OF DEATH	MONTH DAY YEA	AR 26 HOUR
		HANN		17	ORNSTEIN		11 11 8	1531 M
offer deot	3. SE	X 4.	RACE	S. DATE C	F BIRTH DAY YEAR	6. AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 HRS
	1	EMALE	CAUCASIA	4	2 36	51	YRS.	
97	2	IRTHPLACE (STATE OR FOREIGN 18 COUNTRY) JSTRIA	CITIZEN OF WHAT COUN	MARRIEI	NEVER MARRIED	BALTO	CITY	H MD.
125	10.0	TY OR TOWN OF DEATH	. NAME OF HOSPITAL, NI	URSING HOME O	ROTHER INSTITUTION 25. GREENEST	12a. USUAL OCCUPATI (TYPE OF WORK FOR MOST O	WORKING LIFE) INDUST	ND OF BUSINESS OR TRY AL ESTATE
9	JUSU	AL RESIDENCE (IF NURSING HOME OR OT	HER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION)			CATAL REF	#21208
3	1			LTO.	YES NO 10	13e. STREET ADDRESS	2055 LANI.	A 40 A
V23	120	ATHER'S NAME OR.	DDLE LAS	77256	IS. MOTHER'S MAJOEN NA	ME MIDDLE	RAS	ENBLATT
1		WAS DECEASED EVER IN U.S. ARME		SECURITY NO.	17. INFORMATOR JONA	THAN GITTERDRE		C1-102/11
10		YES, NO OR UNKNOWN) (IF YES, GIVE W	AR OR DATES) 578-		100 HOSPITAL			07503
the .		18. CAUSE OF DEATH (Enter only	ane cause per line for (a), (2 33.00.00	BETW	PROXIMATE INTERVAL
emovol.		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED I IMMEDIATE		10 pulmo,	nery acces	+		
or re		WWEDIAIE	DUE TO, OR AS A CONS		1			
on,		Conditions, if ony, which	(b) ARD	S poss	elle strongen	al Blesch		
er tro		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONS	, ,				
otho		underlying cause last	(ANL	3	0.8	The second	3,	veeks
lury, or	z	PART 2. OTHER SIGNIFICANT CO	nditions <u>Contributing</u>	G TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PAR	tT 11a
olui à 7	4 8	19g DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIN	NDINGS USED
No M	E					YES T NOT	IN CERTIFYING CAU	JSES OF DEATH?
of	CERTIFICATION	71g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCUR			
m 18 sh	3	OR CONTRIBUTING CAUSE OF DEATH			E41 2-59			
or Item	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	211 LOCATION			
kedo	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, O	FFICE, FARM, ETC)	STREET	CITY OR TO	WN COUNTY	Y STATE
a a		22a.1 certify that (I) (this haspital) ottended the deceased f	rom1	19 87	- to 11/	11 19 87	, that (i) (we) last
of He		saw the deceased alive an	11/11		d that in (my) (our) opinion	death occurred on the d		
E E		abave, (I) (we) (did) (did not): 22b. SIGNATURE	view the bady after death.		DEGREE			ATE SIGNED
e De		B10-1 2.	e. m	19	ATTENDING PHYSICIAN F	MEDICAL STA	FF 1/	1/11/87
TANT:	-	22d PHYSICIAN'S NAME (TYPE OR P	RINT)	~	27e ADDRESS	J DIRECTOR LI FITTSIC	TAIN I	111101
MPORTANT:		Brendy W.	C60 == M	P	University of	m - 10 .10		
with the S	730	BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	123d LOCATION	en certain.	
		(SPECIFY)		KING DA		FALLS CHU	TOUNTY V	VIRGINIA STATE
		UNERAL DIRECTOR SOL LEV				E REC'D. BY REGISTRAR		
M 1/B1 , 4)		NAME NAME NO DETSTER SOL LEV			M	OV 181987	Andia Devider	

NOV 1848F AN ALL MALE

STATE OF MARYLAND

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1	769 N	ON 13	87	REGISTRAR				C	ERTIFICA	ATE OF D	DEATH	0 1	REG. N	0.	1	7 4	-	
		11-11	1. DEC	EASED NAME	FIRST		MIDDLE		LAST			20. DATE C		MONTH	DAY	YEAR	2b. HOUR	
	may be page 3		(TYPE	PATE	101	A A	ORGI.	H	HO	WA	es .			11	7	1987	8	PM
	ma)		3. SE)			4. RACE		5.	DATE OF B			6. AGE (IN	YEARS LAST BE	RTHDAY)	IF UND	DAYS	IF UNDER 2	4 HRS
	ge 4 ector. rs aft	Section		FEMAL	=	BL	ACK		O2	O3	1951	31	0	YRS		DAYS	HOURS	MIN.
	P. P.	507		THPLACE (STATE OR FOR	EIGN	TE CITIZEN OF	WHAT COUN	VTRY? 8	AAPPIED	NEVER A	MARRIED &	9 BALTIM	ORE CITY C	DR COUN	TY OF D	EATH		
	death unera	3	M	AR-1LANZ		V . S	A	w	IDOWED [DI	VORCED [Bo		ore		chy		MD.
_/	by the filled will	(\$/h)	10. CI	ALTIMOR		~	CH FACILITY, GIVE	STREET ADDR	RESS)		PHIRC		RK FOR MOST	OF WORKING		DUSTRY	F BUSINES	SSOR
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ND 21	24 ha filled is	musk b	13a. S	TATE MA 13	COUN	TY	13 CITY OF		130	d. INSIDE C	NO		ADDRESS	ZIP CO		ood	Roy	7
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BALTIMORE,	n and on Pages	medical		AS DECEASED EVER IN		WAR OR DATES)	AIX.	-56-1	(11/7	- INFORMA	ence 7	Treller			v.L	0.00	10.00	St
ET I	D 0 5	the T		1,5			1010	761	77/1	IVIE	1100	agior		0 0	V .	APPROXI	MATE INTERV	AL
8 8	ficate	ot, th		18 CAUSE OF DEATH (Enter onl	y one couse per	0	11	'n - 0							BETWEEN	MATE INTERV	EATH
ST.	a ph	event,				E CAUSE (o)	Ken	W	Kow	Ultro						ever	al mo	onth.
W. PRESTON ST	th cert					DUE TO O	R AS A CON	SEQUENC	E OF		ta	1	1					
STC	deoth ottendi	otion, troum	- 7	Conditions, if any, w	hich	(6)	Suste			U.S. Q	ruthen	na tos	من			-	y car	S
2	p o o	other traumatic		gove rise to immed	diote) (0)_			-		1						V	
×.	by th	a t		couse (a), stating underlying couse	lost.	DUE TO, O	R AS A CON	SEQUENC	EOF									
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	- 05	Š Š	7	PART 2 OTHER SIGNIE	ICANTC	ONDITIONS CO	ONTRIBUTIN	G TO DEA	TH BUT NO) RELATED	O THE TERM	INAL DISEA	SE OR CON	DITION	SIVEN IN	PARI III		
5	X	or to	10	18molytic		remia,	hupo		nia			To the state of	0.0000	1001 101	/EC \./EE	E FO ID		
E	ow r	ony i	CERTIFICATION	190 DATE OF OPERATIO	N	196 COND	ITION OR V	WHICH OP	ERATION V	WAS PERFC	DRMED	200 AU	OPSY?	IN CER	TIFYING	CAUSES	OF DEATH	1?
1 8	he lo on. hos	Sw en	TE				-		-			YES 🗌	NOX		YES [-376	NO 🗌	
1	iYSICIAN: The ding physicio is certificate burial-transit	8 sh	CER	210. ACCIDENT WAS UNDER		216. TIME C			2	It. HOW IN	JURY OCCUR	RED (ENTER	NATURE OF INJ	JRY IN ITEM I	8 PARTIO	R PART 2}		
T.	CIAN: 3 physical ertifical	07/		OR CONTRIBUTING CAL		I n	.M. MONTI	H DAT	19 19									
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DIVISION OF VITAL RECORDS,	the the	ed	ME	WHILE NOT WHILE			REET, FACTORY, C	OFFICE, FARM		STREET			CITY OR TO	NWC	C	YIMUQ	STA	ATE
۵	DING or off After se os tl			220.1 certify that (I) (t)	is hospit	ol) attended th	ne deceased	from	Oct	27	19 8	I. 10_	10	VI	. 19.2	4	that (I) (w	e) lost
	Total Sol	H H	125	saw the deceased above (1) (we) (did		A A	/		1, and t	that in (my)	(our) opinion	death occur	red on the o	late and h	bno ivo	from the	couses stat	ted
	R ATTER hospito RECTOR	3 5 G	-	obove(()) (we) (did 22b, SIGNATURE	did not	view the body	ofter death.		DEC	GREE		_		-	2	2c. DATE	SIGNED	
	L OR ATTEN the haspital L DIRECTOR	Dep H		228. SIGNATUR	1	60%			N	* /	ATTENDING	MEDICA	LSTA	FF	, '	1.	- 1	7
		ofe		rung	O.	Huce	1		/1	١) .	PHYSICIAN [DIRECTO	R PHYSI	CIAN		///	9/8	4_
	HOSPITAL OR AT ned by the hosp FUNERAL DIRECTION DIRECTION OF THE NAME OF THE	TAN		22d. PHYSICIAN'S NAM	E (TYPE O				2	2e ADDRES	SS C	11	1 01		-	11		
	5	MPORTANE		LINE	AC	HRIC	7			611	2. (har	les St	. ,	Ba	eter	nore	2
	of of of of of of	3 ₹	23a E	URIAL, CREMATION, RE	MOVAL	23b. DATE		23c. NAA	AE OF CEM	ETERY OR	CREMATORY		CATION					
	BP			Burial		11/12	2/87	Balt	imore	e Ceme	eterv	Ba	Ttimor	e	COU	NTY	Md st.	AIE
	υ		24 FI	DUT I d I		1 11/10	-/0/	Dair	711101 C	00.110		E REC'D. BY			ISTRAR'S	SIGNAT	URE	
	DHMH - 16 6		24.11	C. Marc	b F/	II Maak	1200 API	DRESS	h Aug	nuc	NO	112	1987	Julie	2 Dun	iden.	Rondae	A
	(VRA 15	, 4)	Wr	. C. Marc	n r/	n west	4300 W	vabasi	n Ave	nue	110	1 7 7	1301	0				

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BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

(VRA 15, 4)

BROWN/THOMPSON FUNERAL HOME

	STA	TE OI	M	ARYL	AND	
DEPARTMENT	OF	HEAL	HT.	AND	MENTAL	HY

GIENE CERTIFICATE OF DEATH

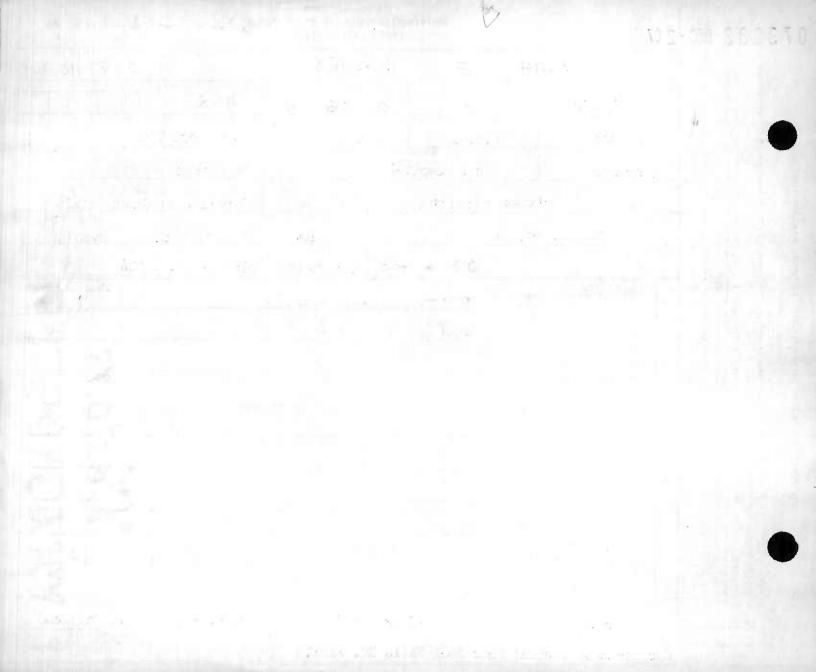
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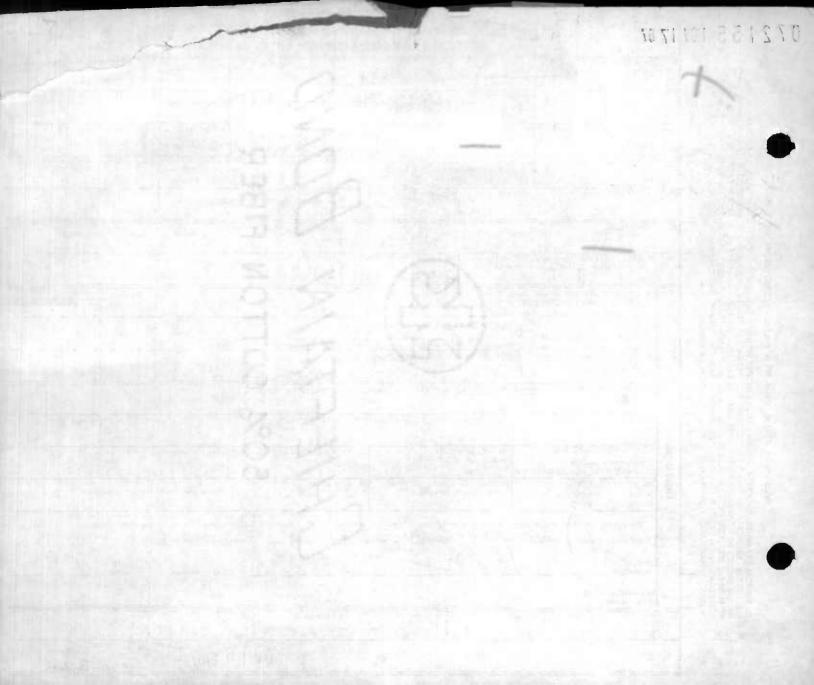
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		CEASED NAME OR PRINT)	S.ARA		E	HU	GHES	20 DATE OF DEATH	MONTH O	24 87	26 HOL	30 f
ŀ	3. SE)	K _	14	RACE		5 DATE O		6 AGE (IN YEARS LAST BIR	IHDAYI	IF UNDER 1 YEAR	IF UNDER	24 HRS
		Fema	le	Whi	te	MONTH O3	-05 - 16	TIYR	YRS.	ONTHS DAYS	HOURS	MIN.
		RTHPLACE (STATE	OR FOREIGN 7	b. CITIZEN OF	WHAT COUNTRY?	B.	NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY	OF DEATH		
		Maryland			S.A.	WIDOWE	DIVORCED	Baltimore				MD.
P. Commercial Commerci		altimore	EATH	(IF NOT IN SUC	HOSPITAL, NURSII HEACILITY, GIVE STREET LAI HOSPI	T ADDRESS]	PROTHER INSTITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST C Homemaker	F WORKING LIFE	126 KIND C)F BUSINI	ESS OR
300		AL RESIDENCE (IF NO STATE Md	M36. COUNT		GIVE RESIDENCE BEFOR 13c. CITY OR TOV Baltimo:	VN	13d INSIDE CITY LIMITS?	3. STREET ADDRESS 4 Hallbro		ırt 21	236	
_	14 FA	THER'S NAME		ibn.f	1007		15 MOTHER'S MAIDEN NA					
)		Jol		ughes	LAST		Susan	Elizab		Rya		
		VAS DECEASED EVI YES, NO OR UNKNOWN)		WAR OR DATES	16b SOCIAL SECT		17 INFORMANT					
20		no			317-16-	1608	Ann Chalk 4	Halbrook Ct	. 2123	36		
	NOI	Conditions, if o gave rise to i cause (a), sto underlying cau PART 2 OTHER SI	mmediate iting the use last	DUE TO, OI (b) DUE TO, OI (c)	R AS A CONSEQUENCE AS A	JENCE OF	CA.		DITION GIVE	EN IN PART 1	a ·	
1	CERTIFICATION	19a DATE OF OPE	RATION	19b. COND	TION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	, WERE FINDING CAUSES		TH?
3		21a. ACCIDENT WAS I	CAUSE OF DEAT	HOUR A.	M. MONTH D	DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	ART T OR PART 2)		
	MEDICAL	21d INJURY OCCI		21e PLACE		FARM ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	5	STATE
		22a I certify that saw the dece above, (I) (we	osed plive an		19_		nd that in (my) (aur) apinian	, to death accurred an the d			that (1) (
		226. SIGNATURE	Kan	nal		W	THIOCIAIT	MEDICAL STA DIRECTOR PHYSIC		22c DATE	241	27
		27d PHYSICIAN'S SHAL	NAME ITYPE OR	KAM	BL.		220 ADDRESS	Hosp	ital			
		BURIAL, CREMATIO	N, REMOVAL	23h DATE	23(NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY		STATE
	(Buri.	al		Du	lanev	Vallev	Timonium.	Balto	o., Mar	ylar	nd

DHMH - 16 60M 7/84

Purgee-Henss Funeral Home 3631 Falls Rd. 21211 (VRA 15, 4)

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE





	1.	FOR STATE REGISTRAR			STATE OF MARYLAND NT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENS 7	3 1 9	8 6
10-12-1-1-1	I DE	CEASED NAME FIRST		DDLE	LAST	REG.		
)	7 YPE	ORPRINT) Rob	ert L		Hughes	20. DATE OF DEATH	MONTH DAY 8	7 4:05 A
ge 4 mo ector. po irs after i	3. SE	MALE	4 RACE wh	ite 1	DATE OF BIRTH	6 AGE (IN YEARS LAST	BIRTHDAY) IF UNDER MÖNTHS YRS.	TYEAR IF UNDER 24 HRS
perol dir		RTHPLACE (STATE OR FOREIGN COUNTRY) U.S.A.	76 CITIZEN OF W		MARRIED NEVER MARRIED		OR COUNTY OF DEA	
offed with	10 C	BATH MOVE	11. NAME OF HO UF NOT IN SUCH UNI VEISI	OSPITAL, NURSING	HOME OR OTHER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOS (RET) LT. 0	ATION 126 I	KIND OF BUSINESS OF JSTRY S. ARMY
filled in	130.5	AL RESIDENCE (IF NURSING HOME) TATE 136 CC 14 AN A		IN RESIDENCE BEFORE AD 13c. CITY OR TOWN BEL AIR	MISSION) 13d. INSIDE CITY LIMITS YES X NO	13e STREET ADDRES	S / 7IP CODE	310
completely and 2 sh	10. 10	THER'S NAME FIRST L.	WIDDLE	Highes	SR. MOTHER'S MAIDEN	NAME	,	hell
oe execut		VAS DECEASED EVER IN U.S. (IF YES YES	GIVE WAR OR DATES	220-01-2			SAME AS	#13e
quires that the death certificate signed by the attending physics her please remove corbin page to burial, cremotion, or the burial, are other froumating or other froumating or the signal play, an other froumating or the signal play.	NC	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying couse last. PART 2 OTHER SIGNIFICAT	(b)	AS A CONSEQUENT	ANCER	erminal disease or co	ONDITION GIVEN IN PA	ART Iro
he low re- ion. hos been t permit. I tene prior	CERTIFICATION	190 DATE OF OPERATION	196. CONDIT	ION FOR WHICH O	PERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE IN CERTIFYING CA	FINDINGS USED AUSES OF DEATH?
G PHYSICIAN: T ottending physici er this certificole is the burial-transis and Mentol Hygy ked or Item 18 kg	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM 21d. IN JURY OCCURRED WHILE NOTIFY MILE NOT WORK	DEATH HOUR A.M. (INER) P.M. 21e. PLACE O	. MONTH DAY	19 211 LOCATION	URRED (ENTER NATURE OF IN		
Afr Se o se o mor		220.1 certify that (f) (this he sow the deceased live abave, (l) (we) (did) did			, and that in (my) (our) opin		/	that (I) (we) last the causes stated
the hospital to RECTOR to Check to Chec		22b. SIGNATURE	moh.	(1) MD	ATTENDIN	G MEDICAL ST	AFF _	1/21/87
TAL O by the RAL DI detacl state Do state Do	22.	Maria Mana Mana Mana Mana Mana Mana Mana Ma	M. Garci		22e ADDRESS VAIV. 0	Maylane	d Hospita	1/2/87
the the control of th	23a. E	Maria 22d. PHYSICIAN STVAME (TY	M. Garci	23c. NA	PHYSICIAI	F May LOCATION CITY OF TOWN	d Hosp H	MARYLAND STATE

	1			STATE OF MARYLAND			
3200 NOV	27	R TATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENS 7	3 1 9	8 /
		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH		EAR 26 HOUR
2 00 A		EDWAR	DT	HULL		11 23 8	5/11/30 AM
and and	3. 58		4. RACE	S. DATE OF BIRTH MONTH DAY, YEAR	6. AGE (IN YEARS LAST BIRT		YEAR IF UNDER 24 HRS
9 41	-	MARE	BLACK	05 18 32	55	YRS	
	10.8	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTI	MARRIED NEVER MARRIED WIDOWED DIVORCED	Ba H	COUNTY OF DEAT	City MD.
V 4 11 4 5		ALTIMO RE	11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITUTION REET ADDRESS) A Maylan d	120. USUAL OCCUPATION OF WORK FOR MOST OF		IND OF BUSINESS OR
Pa Pa	₩SU 13a.	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BE		13e.STREET ADDRESS /	ZIP CODE	43.
22 all	190		CIA.	MOVE YES NO [1943 W	mulbe	erry St.
d - the	14. F	ATHER'S NAME Lela	MIDDLE HAST	15. MOTHER'S MAIDEN N	MIDDLE	OFF	LAST
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cert shap the e		IMMEDIA	E CAUSE (d)				
Henry to the control of the control		Canditians, if any, which	DUE TO, OR AS A CONSE	DUENCE OF			
by the a		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	QUENCE OF			
signed her pled to burnol	Z.	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING	O DEATH BUT NOT RELATED TO THE TER	rminal disease or cont	DITION GIVEN IN PA	RT Ira
Der ich	CERTIFICATION	90. DATE OF OPERATION	19b. CONDITION FOR WH	CH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FI	INDINGS USED USES OF DEATH?
Z P SOUTH TO THE	8	210. ACCIDENT WAS UNDERLYING	110110 1 11 11011711	DAY YEAR 216 HOW INJURY OCCU	IRRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PAI	RT 2)
A de de de de	13	OR CONTRIBUTING CAUSE OF DEA		19			
offending offending ter this c a the bor ond Me hed or it	MEDICAL	21d. INJURY OCCURRED NOT WHILE AT WORK	21e. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFI	21f. LOCATION STREET	CITY OR TO	wn COUNT	ITY STATE
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the hose of the Bear of the Be		David The	Lick Moult	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F	11-23-87
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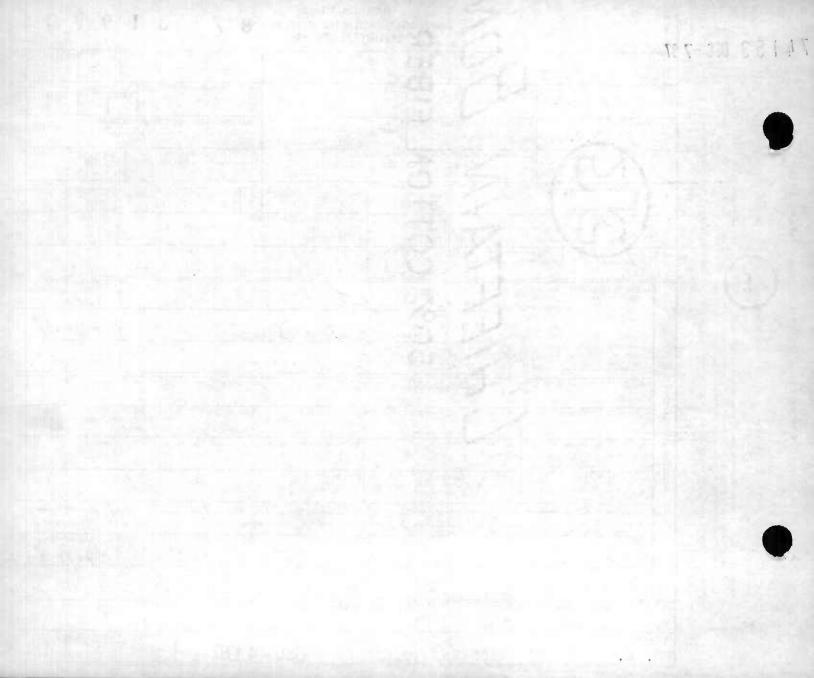
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3 75	DEC	CEASED NAME FIRST OR PRINT) EUT!	MIA JENNIE	HULTADO	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR 27 15 87 29
setor pe	3. SEX	EMALE	BLACK	5. DATE OF BIRTH MONTH DAY 12 1900	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. YRS.
nerol do		RTHPLACE (STATE OR FOREIGN)	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OF	RECOUNTY OF DEATH
1/90	I	BACTIMORE	OCATON 105	OITALYMOD.C.	120 USUAL OCCUPATION TO PROPERTY OF WORK FOR MOST OF DOM	
n 24 hou tilled in hould be	130. S	ARYLANO 136. COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE ITY BALTIM	PORE YES NO NO		ZIP CODE BALTO, MO.
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princate g physici on poper emoval.		PART I. DEATH WAS CAUSED	ly one couse per line far (a), (b), and D BY: E CAUSE (a)	1915		APPROXIMATE INTERVAL BETWEEN OVSET AND DEATH A S S S
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that the d by the ease rem al, crems or other t		gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	The Rewip	avegis	mouble
en signe i. Then p or to bur y injury, o	TION	PART 2. OTHER SIGNIFICANT C	chronic	eath But not related to the fera		DITION GIVEN IN PART Tra
The low clan has be of permit plene pri	RTIFICAT	190 DATE OF OPERATION		OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\begin{array}{c} \text{NO} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
SICIAN: og physic certificati of trans- entel thy nem 18 s	CAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	TH HOUR A.M. MONTH DA	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y (N ITEM 18 PART 1 OR PART 2)
offerday offer this on the bury th and M	MEDICAL	21d. INJURY OCCURRED NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC.) 211 LOCATION STREET	CITY OR TO	VN COUNTY STATE
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ALOR / the ho ALDIRE detoched one Dept		226. SIGNATURE	Gladu.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	
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BP	- (BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	11/19/1987 AR	BUTUS MEM.PK.		BACTIMORE, MO.
DHMH - 16 60M 7/84	24. F)	VUTTER FUN	US PRWY, BACTO.	INC. 250. DA	NOV 1 9 100	25b. REGISTRAR'S SIGNATURE

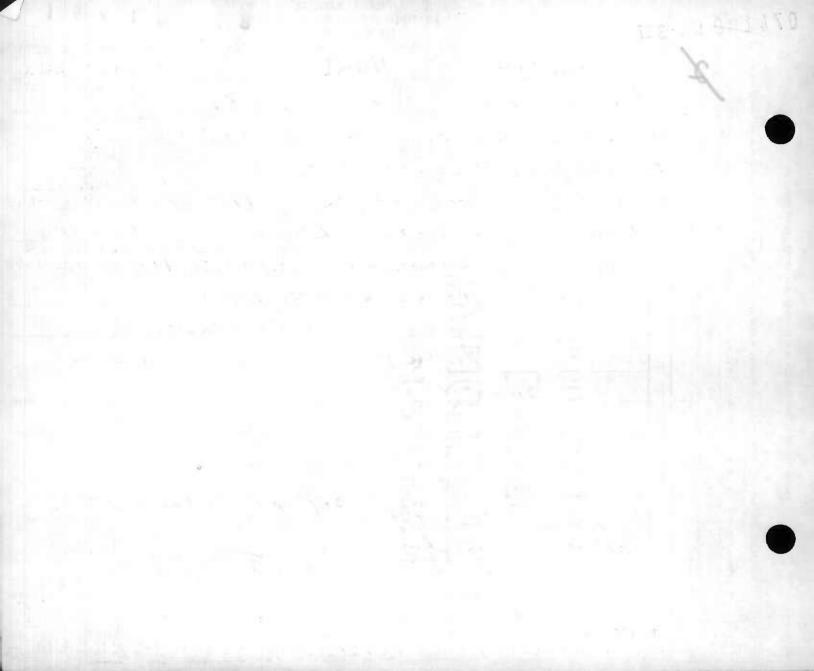
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0 1 4	355 DEC-	3 87	REGISTRAR	CERTII	FICATE OF DEATH	REG. NO	5.	
			CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
	ctor, page 3	1	SARAH	t V. Hy	IMBERT	11/29/2	7	D BM
	moy pog	3. SE		RACE S. DATE		6. AGE IN YEARS LAST BIRT	MONTHS DAYS	IF UNDER 24 HRS
11	Poge 4 director.	-/	emple	BlAck 8		79	YRS.	HOOKS MIN.
	- 2		RTHPLACE ISTATE OR FOREIGN TO COUNTRY) NUNSYIVANIA		D NEVER MARRIED	0 0	R COUNTY OF DEATH	
	er death. Within 72 Within 72	10 C	ITY OR TOWN OF DEATH	NAME OF HOSPITAL NURSING HOME		DALTO,	ON ARKIND OF	F BUSINESS OR
6	# = = T/	B	ALTO. 3	TOSEPH RIPHEY	11		F WORKING LIFE ANDUSTRY	and and
201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	be be	13o. 3	AL RESIDENCE IN NURSING HOME OR OT STATE 13b. COUNTY	HER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION		13e. STREET ADDRESS	- 121	7
AN	ly filled should be		D.	BALTU.	YES NO	1400 WHI	TELOCK S	1.
RYL	E 2.0C.	14. F/	ATHER'S NAME FIRST	DDLE 1 LASTY L	15. MOTHER'S MAIDEN NAM	E MIDDLE	O . ALAST	1
MA.	D 25 X		John Ho	enry HumberT	ROSIE		Byr	4
ORE,	0			ED FORCES? 166. SOCIAL SECURITY NO.	17. INFORMANT	ADDRE		
N N	0 E 0 E 3		YES, NO DRUNKNOWN) (IF YES, GIVE V	158-09-0657	LEOLA CHA	SE 1400W/	HITELOEK ST	
IALI	e deoth certificate be e attending physician mave carbon papers. notian, or remaval. troumatic event, the		18. CAUSE OF DEATH (Enter only	one couse per line far (a), (b), and (c),)			APPROXIA BETWEEN C	MATE INTERVAL
	g physicon conpop		PART I. DEATH WAS CAUSED		PRATORY AR	REST		
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STC	deoth ottend nave ca otian, o		Conditions, if any, which	CALLER OF	THE BRAI	11/		
8	the dea the otte remove emotion er trour		gave rise to immediate couse (a), stating the	DUE TO OR AS A CONSTRUENCE OF				
≥	of cr		underlying cause last	DUE TO, OR AS A CONSEQUENCE OF			0.74	
201	p 9 9 9		PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERMIN	VAL DISEASE OR CONI	DITION GIVEN IN PART TIE	
SO	equires n signe Then p r to bu	N N						
8	been rein prior ony ir	CERTIFICATION	190 DATE OF OPERATION	19% CONDITION FOR WHICH OPERATIO	ON WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDIN	GSUSED
8	hos hos	E				YES NOT	IN CERTIFYING CAUSES	NO
II.		18	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCCURRE			
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DIVISION OF VITAL REC		¥	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TO	WN COUNTY	STATE
õ	Z F S E D		22a. I certify that (I) (this hospital	ottended the deceased from A//6	1,26 1087	10 1 M/2 2	9 10 67	that (I) (we) last
			saw the deceased alive an_	NOU, 29 19 87	nd that in (my) (our) opinion de	eath occurred on the do	,	, , ,
	OR ATTEN the hospital DIRECTOR. Sached for us Dept. of Hem 21 is		abave, (I) (we) (did) (did nat): 27b. SIGNATURE	view the bady after death.	DEGREE		22c. DATE	
	At OR A the host of DIREC detached of Dept.		TanQ.	200 0	ATTENDING	MEDICAL STAF	EE.	A-
	RAL Stote	-	22d PHYSICIAN'S NAME LIVE OR P	D,	PHYSICIAN 27e ADDRESS	DIRECTOR PHYSIC	IAN 121	2 , 8/
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	TO HOSPITAL Cretained by the TO FUNERAL Is should be detain with the State IMPORTANT: If			MEMOY, M.D.		RIDGE RU	, BALIO-MI	2.42/2
	F 5 6 0 3 7	230	BURIAL, CREMATION, REMOVAL	23h DATE 23c NAME OF	CEMETERY OR CHEMATORY	23d. LOCATION	COUNTY	STATE/
	BP	1	DURIAL	12-7-8/11/1/2	ion cemi	BAllin	nore	The.
	DHMH - 16 50M 1/81	24 F	UNERAL DIRECTOR	Agoress Al.	the Aug 250 DATE	REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNATI	Territoria
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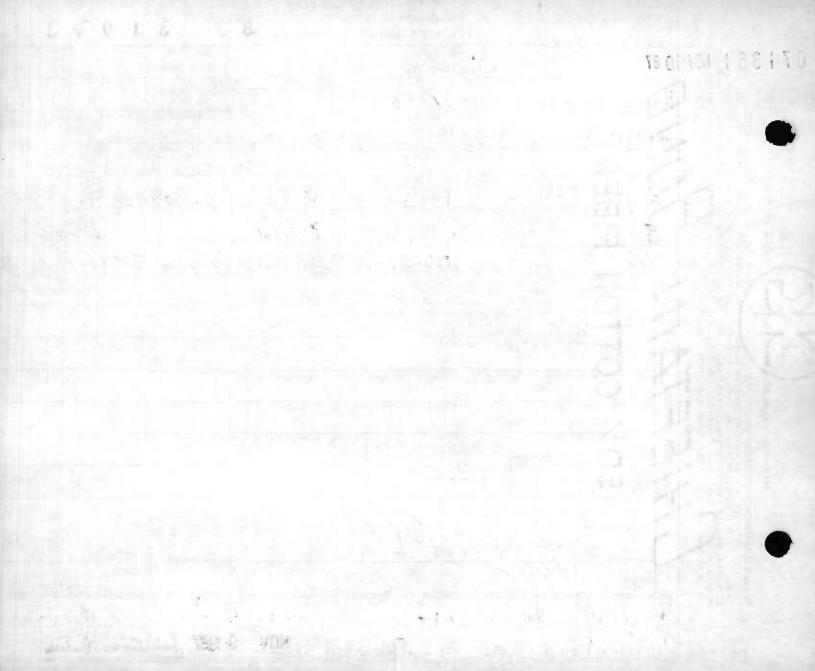
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oge 4 moy bi rector, poge urs etter deal	3. SE	FEMALE	1. RACE BLACK	S. DATE O	15 1901	6. AGE (IN YEARS LAST BIRTHDAY) 86 YRS.	IF UNDER TYEAR	IF UNDER 24 HRS HOURS MIN.
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LAND 212 iin 24 hou y filled in should be er must be	13a.	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN	NTY 13c. CITY C		136. INSIDE CITY LIMITS? YES NO [130. STREET ADDRESS BACT	o, mo. :	21223 AVENUE
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ALTIMORE te accedicate and control and con		NO.	ZZO =	24-5044	GEORGE P. H	BALTIMORE,, IURO, JR. 1935	5 EDMONI	OSON AVE
ST., B ertifico g phys sanpop remove	П	18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	D BY	(b), ond (c).)	NOEPHALO	PATHY	BETWEEN	MATE INTERVAL
W, PRESTON is the death ce y the ottending se remove carb cremotion, or remotion, or and		Conditions, if ony, which gave rise to immediate	DUE TO, OR AS A COM	NSEQUENCE OF	ch wash	BRREST		
to state		couse (a), stating the underlying couse lost.	(c)	W TE		MYJEARDIALINA		
ORDS, 2	TION	19a. DATE OF OPERATION	PNEWYUNI	718.		INAL DISEASE OR CONDITION GIV		
VITAL RECO	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	WHICH OPERATIO		YES NO YE	S, WERE FINDING FYING CAUSES (S	
A A A A A A A A A A A A A A A A A A A	MEDICAL CI	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONT	TH DAY YEAR		RED (ENTER NATURE OF INJURY IN ITEM 18. F	PART I OR PART 2)	
	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,		211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
ATTEN ospitol ECTOR: d for us 1. of He m 21 is		22a.1 certify that (I) (this hospi sow the deceosed alive on above, (I) (we) (did) (did no 22b SIGNATURE	1117741	_19	d that in (my) (our) opinion	deoth occurred on the dote and have	or and from the c	
AL O AL O detock		224 PHYSICIAN'S NAME (TYPE O	Kuman C	hype	MARY ATTENDING	MEDICAL STAFF	11/2	5787
TO HOSPITAL TO FUNERAL should be det with the Store		AK. CHO	PRA		343 BA		AVE 212	-29
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	12/1/1987	ARBUTU	EMETERY OR CREMATORY S MEMORIAL P		TMORE	
DHMH - 16 50M 1/81 (VRA 15, 4)	25	FUNDER FUN	S PKWY, BAL	MES, I	2/2/6 NF	E REC'D. BY REGISTRAR 25b. REGIST	Jerden.	



DEPARTMENT OF HEALTH AND MENTAL HYGIENE 67 STATE CERTIFICATE OF DEATH REG. NO DECEASED NAME MIDDLE 2a. DATE OF DEATH MONTH 26 HOUR TYPE OR PRINT Irvin EUGENE HURLEY NOVEMBER 7, 1987 4:08M AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX 4. RACE 5 DATE OF BIRTH MONTH YEAR DAY Male White 02 91 TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED X NEVER MARRIED COUNTRY) BALTIMORE CITY Maryland WIDOWED DIVORCED [1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION DENTY OF TOWN OF DEATH 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY BALTIMORE ITYPE OF WORK FOR MOST OF WORKING LIFE THE JOHNS HOPKINS HOSPITAL Owner/Operator Restaurant BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HORE OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION)
130. STATE 130. COUNTY 130. CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Talbot Maryland Easton YES [NOX Rt 3 Box 260 4"RATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST FIRST MIDDLE MIDDLE Hurley Irvin Roth Margaret H. ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) WW II 218-03-5947 Elaine T. Hurley Rt 3 Box 260 Easton MD 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: DIVISION OF VIT AL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which **有例**: gave rise to immediate Tin. cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse Preumonia PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 19 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO N NOD 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED 21a ACCIDENT WAS UNDERLYING 00 HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M. (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY STATE CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death 22c DATE SIGNED 22h SIGNATURE DEGREE ATTENDING MEDICAL PHYSICIAN | DIRECTOR PHYSICIAN MPORTANT: 224 PHYSICIAN'S NAME TYPE OR DRINGT 22e ADDRESS should b 00 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE CITY OF TOWN (SPECIFY) STATE Burial 11/10/87 Spring Hill Cemetery MD Easton Talbot 24 FUNERAL DIRECTOR DHMH - 16 50M 1/B1 (VRA 15, 4) Newnam Funeral Home Easton, Maryland

STATE OF MARYLAND

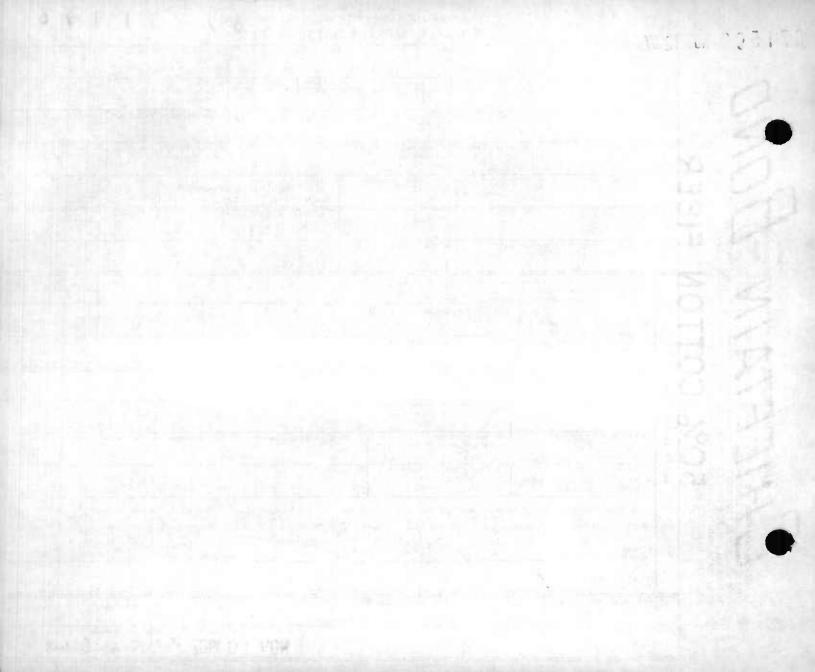
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U 1	J.J. J. NUV	101	7 PRINT) Mary	Eliza	abeth	Hun	ctt	OF	H MATED		6/ 198	7
	ACHER	3 SEX	4. RACE	5. DATE OF BIRTH	6. AGE (III			R 24 HRS. 2c DA		MONTH -		AR 2d. HOUR
	ST TE	C	1 10 1	MONTH DAY	YEAR LAST BIR	THDAY) MONTHS	DAYS HOURS	MIN PRONO	UNCED	77/		3.37
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	A SPECIAL DE	m	aryland 136 COUNT	Y	CITY OR TOWN	nore	3d. INSIDE CITY LIMITS?		RESS	126	(D)	POIS
	MD. T	14 F	ATHER'S NAME		11-20(1111		IS. MOTHER'S MAIL	1/	1 TUCKE	3011-	24.	113
1			FIRST	WIDDLE	Vaisab.	00	FIRST	ZEIA IAMINE	WIDDLE		LAST	1.ic
,	8 85558 S	JAn V	VAS DECEASED EVER IN U.S. ARM	AED FORCESS	16b SOCIAL SECU	DITY NO	7. INFORMANT	A	ADDRES	ć	LICCV	A
	BALTIMORE S. AFTER DEA GIVE P. GENTER PAGES IVISION	(Y	VAS DECEASED EVER IN U.S. ARM ES. HO O UNKNOWN) (IF YES, GIVE W		AAD OO	150	por /	1016		_	1511.	1 - 7
	BALTIM S AFTER GIVE PA ITH FO PAGES IVISION		140		211-22	, 2000 /	Edwan	20.Van	Than	380	E/Ko	der ka
			18 CAUSE OF DEATH (Enter only	y ane cause per line f								NATE INTERVAL
	FON ST 124 HOU LONG LONG PERMI GIENE,		PART I DEATH WAS CAUSED	E CAUSE (o)	Intra	cerebra	al Hemorri	nage				
	AND	-			AS A CONSEQUENC	E OF						
	NER III	1	Conditions, if any, which	45							100	
	TW. PRED WITHING PENCIL LANGUER L-TRANS AENTAL PROTAL PROT		gave rise to immediate cause (a) stating the <u>under</u>	(b)	S A CONSEQUENC	E OF						
	201 W. PRESTON ST., UTED WITHIN 24 HOUR IN PENCIL IN ITEM 18. EXAMINER ALONG W. RIAL - TRANITI- ERMITAL HYGIENE, D. ON, OR REMOVAL.		lying cause last.									
	M. RECORDS, 2011 ULID BE EXECUTED O''PENDING'' IN PR EF MEDICAL EXA EF AND MAL HEALTH AND MAL AL, CREMATION, (-3	PART 2 OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO OF ATH BE	IT NOT BELATED TO THE I	FOMINAL DICTACE	A CONDITION CRIES IN I	1.6v 1				
	BIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXECT RITING THE WORD "PENDING" ROBE TO THE CHIEF MEDICAL BE 3 SHOULD BE USED AS A BURNOTO PHEATTH AND THE PEPRARTMENT OF HEALTH AND THE PERARTMENT OF HEALTH AND THE PE	z	Metastatic Ca			ERMINAL DISEASE (AK COMPITTION GIVEN IN I	AKI I (Q)				
	A A SEAL CREATER	CERTIFICATION	19g. DATE OF OPERATION		ON FOR WHICH O	DED A TION L NAVA	C DEDECORMED?					
	SHOUL CHIEF E USED T OF H URIAL	5	174. DATE OF OFERATION	IVE. CONDITI	ON FOR WHICH OF	PERATION WA	S PERFORMED?				20. AUTOP	5Y?
	F VITA WORD WORD HE CHIE ENT OF	E									YESX	NO
	OF VITAL RECATE SHOULD HE WORD "PE THE CHIEF WILL BE USED / IMMENT OF HEAT OF BUILD BE USED / IMMENT OF HEAT, OF MEAT, O	U	21a. EXTERNAL CAUSE WAS	HOUR A.M.	MONTH DAY Y	EAR 21c HO	W INJURY OCCURE	RED LENTER NATURE OF	INJURY IN ITEM 18	B PART 1 OR PAR	T 2)	
	NO STATE OF THE SON	3	UNDERLYING OR CONTRIBUTING CAUSE OF D	P.M.	19							
	CERTIFICATE SH CERTIFICATE SH RITING THE WOR RITING THE CH E 35 HOULD BO E DEPARTMENT OF	MEDICAL	21d INJURY OCCURRED	STREET EACAM	FINJURY AT HOME		ATION	CITY OR		COU		STATE
	MARINS CARE 201	2	WHILE NOT WHILE AT WORK		ARM, ETC.)	318	ec i	CITYOR	OWN	000	NIY	STATE
	DIVIS ER: THIS CER ATE, WRITIN ORWARDED NR: PAGE 3 S HE STATE DEP UD, 21201 PR	1		1//		1	X Inspecti					
	EXAMINER: CERTIFICATI FULD BE FOR: DIRECTOR: (, WITH THE:	17%	22a I certify the Hook chapm	The semont descri	ribed above, held or	Autopsy				nd in my ap	nian	
	WE WE SEE		death resulted from	pi compani iq	Accident L.	Sugde L.	Hamicide	Undetermined	manner			
1	CER JULIE		ACTUAL 199	Di	11/16	100	TITLE (SPECIFY)			DATE		17107
	¥#5 ¥ ##		SIGNATURE //	11 guin	acro	M.D	Chief	MEDICAL EX	AMINER	DATE	77	/7/87
	NED S A S S S S S S S S S S S S S S S S S		EXAMINER'S NAME Tob									
	A D A S E	_	(TYPE OR PRINT) JON	in E. Smia	lek, M.D.	A	DDRESS	l Penn St	., Bal	to., 1	Md. 21	201
	TO MEDICAL EXAMINER EXECUTE THE CERTIFICAT PAGE 4 SHOULD BE FOR TO FUNEAL DIRECTOR AFTER DEATH, WITH THE BAATIMORE, MARYLAND	230.B	URIAL, CREMATION, REMOVAL 23	DATE	23c NAME OF	CEMETERY OR	CREMATORY	23d. LOCATION		COUN	IY o o	STATE
	07/84 BP	1	Burial 1	101 - 101 198	1 He Duck	WS ME	om. Hark	Balt	more	2	Man	land
	25M DHMH - 17	25 F	JNERAL DIRECTOR			0	250 DATE	REC'D. BY REGIST	AR 258 REG	ISTRAR'S S	GNATURE	1-1-0-
	(VR A15 ME (5))	1 1	ativin Kis	TINGS C	1412 F.	tracto	NU!	v 9 1981	Julia	Dunder	~ Randa	
				49112	3 1	11 (31)	-101		- U			-



4	1			STATE OF	MARYLAND		Service Services	
71722 000	1.	FOR STATE REGISTRAR	DEP		TH AND MENTAL HYG TE OF DEATH	REG. NO	3 9	9 5
1/1/53 NOA	1 DE	FASED NAME FIRST	WIDDLE	LAST			MONTH DAY YEAR	2b HOUR
oy be		RAYM		HYATT	ŗ	NOVEMBER	10,1987	7:45A M
ffer of	3. SE	(4. RACE	5. DATE OF BIR	RTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YE	
recto		M	W	MAR.	26 1916	71	YRS	
4 20 P	70 B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	MARRIED MARRIED	NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEATH	
dea dea	10.6	E NN . TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	WIDOWED _	DIVORCED [BALTI	MORE C	17 / MD.
	E	PALTO.	CHORCH	STREET APORESS)	ITAL	TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUST	ETH. S
ND 212	USU 13a	AL RESIDENCE (IF NURSING HOME OR TATE 13b COUN	OTHER INSTITUTION, GIVE RESTDENCE NTY 131, CITY OF		INSIDE CITY LIMITS?	13 STREET ADDRESS	ZIP ERDEZ FE	15/5/1
Thin thin	14. FA	THER'S NAME	10/10	/ -	MOTHER'S MAIDEN NAM	WE - SE	116016	75 11
mple example	1	NALTER	HYA	77	MINNIE	MIDDLE	TEAG	ÛE
BALTIMORE cate be execu- ysician and expers. Pages wal	180	(IF YESIGIN	MED FORCES? 16 SOCIAL	8 49325°	TELLA HY	ATT 431	S. CHEST	ER ST
ST., BALT intificate by physicia on popers emoval.	7	18 CAUSE OF DEATH (Enter on	ly one couse per line for (a), (b), and (c).)			APPR BETWEE	OXIMATE INTERVAL EN ONSET AND DEATH
The physical street of the str		PART I. DE ATH WAS CAUSE IMMEDIAT	E CAUSE (0) CARDI	AC ARRHY	THMIA			
death cert atending ove corbon tion, or re-			DUE TO, OR AS A CONS	SEQUENCE OF			- 5	
he death on the attendant of the attenda		Conditions, if any, which gave rise to immediate	(b) RENAL	FAILURE	R		170	
Ser of t		couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONS					
7, o plane		PART 2 OTHER SIGNIFICANT			RELATED TO THE TERM	INAL DISEASE OR CONE	ITION GIVEN IN PART	lio
or to a rinju	§ Se	CHOLECYSTIT	IS, PANCREA	TITIS, GA	NGRENE OF	LEFT FOO		
DIVISION OF VIT AL RECORDS, ING PHYSICIAN: The low requir r oftending physician. Wer this certificate has been sig os the burial-transit permit. Then th and Mental Hygiene prior to b arked or frem 18 shows any injury	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATION WA	AS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINE IN CERTIFYING CAUS YES	DINGS USED ES OF DEATH?
VITA ysicio icate ronsit Hygie	GR.	210. ACCIDENT WAS UNDERLYING		DAY YEAR	. HOW INJURY OCCURR	_ A94		
IYSICIAN: ding physis s certifical burial-from Mental Hy	S S	OR CONTRIBUTING CAUSE OF DEA	un -	19				
VISION OF VI: G PHYSICIAN: offending physicer this certifical s the burial-tran ond Mental Hy ked or item 18	MEDICAL	21d INJURY OCCURRED WHILE ONT WHILE OF AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, C		LOCATION	CITY OR TOV	vn COUNTY	STATE
DING or aft After se as the calth or marke		220.1 certify that (1) (this haspi	tal) ottended the deceased f	SEPTEME	BER 20. 87	NOVEMBE	R 10 ₁₀ 87	, that (h) (we) lost
ortol For of Ho		sow the deceased alive on	OVEMBER 10 1) view the body after death.	19.87 , and the	ot in (my (our) opinion o	death occurred on the da	te and hour and from t	
OR ATTOOR		22b. SIGNATURE	1 / A	DEGR			22¢ DA	TE SIGNED
_ E _ O		A.J.	Helou, M	. 0	ATTENDING PHYSICIAN	MEDICAL STAF	F 11 -	-10-87
HOSPITAL FUNERAL FUNERAL FUNERAL FOR	1	22d. PHYSICIAN'S NAME (TYPE C	OR PRINT)	22e	ADDRESS CHURC			
5-6 9		ABDALLAH	HELOU M.	D. 1	.00 N. BRO	ADWAY BA	LTIMORE,	MD.21231
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	23a l	URIAL, CREMATION, REMOVAL	23b. DATE	23c, NAME OF CEMET	TERY OR CREMATORY	23d LOCATION		STATE -
BP	6	URIAL	11/13/87	HOLY R	DIARY	CHIORIOWN	BALTE	MP
DHMH - 16 60M 7/84	24 F	INERAL DIRECTOR	ADD	RESS 4'01	S, 25g DATE	REC'D BY REGISTRAR	PE REGISTRAR'S SIGN	AMURE
(VRA 15, 4)	VC	HMM WEBEI	Q +501451146	CHESTA	ERST	A 1 O 1901		~

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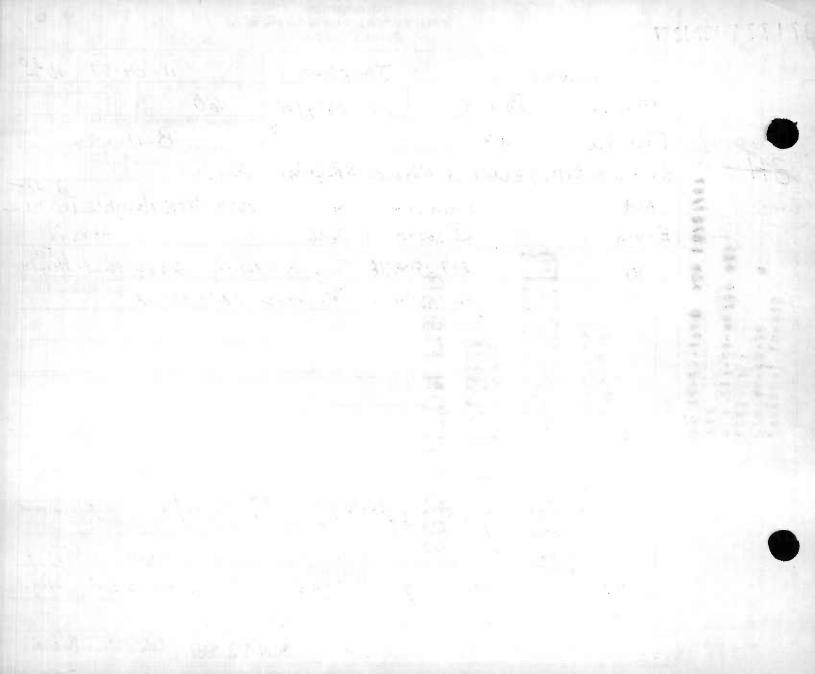
THE MARKET HE REAL PROPERTY OF THE PARTY OF



Wm. C. March F/H West 4300 Wabash Avenue

(VRA 15, 4)

11.8-111-111-13.17 JACSON 11/27/87 3/8 EFKE HALE BLACK THAN 99 88 BALTTHORE GITY BUTE MUZIUS SHUAI HOSPITA WOJE 34 CTT. 是一种的一种,但是一种的一种,这种是一种的一种,但是一种的一种。



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0	ORDASTR	AR				CERTIF	FICATE OF DEATH	0	REG. NO).).	6	
	1 DECEASED N	AME	FIRST		MIDDLE		LAST	2a DATE O	F DEATH	MONTH D	DAY YEAR	26 HOUR
			Sarah		L.	Jac	kson	11-	5-87_			M
	3. SEX	HITT		4. RACE		5. DATE (OF BIRTH H DAY YEAR	6. AGE IN	YEARS LAST BIRT		IF UNDER TYEAR	IF UNDER 24 HRS HOURS MIN.
-	Fema	le		Black	k		-11-1923 YEAR	64		YRS	DATS	HOURS MIN.
١	78. BIRTHPLACE	(STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMO	RE CITY OF		OF DEATH	
V	Mary	land		USA		WIDOW		Balt	imore	City		MD.
	10 CITY OR TO	WN OF DE	ATH			G HOME (OR OTHER INSTITUTION		OCCUPATIO		126. KIND C	OF BUSINESS OR
0	Baltim			725 R	oundview	Road		Re	tired	WORKING LIFE	INDUSTRY	EED S
272	USUAL RESIDEN 130 STATE Marylan		13b COUN		Baltimor	N	13d INSIDE CITY LIMITS? YES* NO [725 R	ADDRESS /	ZIP CODE	ad 2/	1225
	14 FATHER'S NA						15. MOTHER'S MAIDEN	NAME				
	FIR S	tevph		R.	Lievers		Blanche	9	MIDDLE		Gardn	er
	160 WAS DECE	ASED EVER	IN U.S. ARA		16b. SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRES	SS		
	(YES, NO OR UP	NKNOWN]	(IF YES GIVE	WAR OR DATES)	217-18-9	143	Jmaes Jacks	son 725	Roundy	riew R		o. Md.
9		E OF DEAT	H (Enter onl	v one couse per	line for (o), (b), one		Tomaco odenie	7011 700				IMATE INTERVAL ONSET AND DEATH
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		ns, if ony		(b)	AMYLO	DOS	2				3	NOS
		se to im (a), stati ng cousi	ng the	DUE TO, O	R AS A CONSEQUE	NCEOF	WEIMA				Unl	Cnow
	1			,								
		OTHER SIG	NIFICANTO	ONDITIONS <u>CC</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TE	RMINAL DISEAS	E OR COND	ITION GIVE	EN IN PART 1	0
	190 DATE	OF OPERA	TION	TIME CONTO	TION FOR WHICH	OBERATIO	ON WAS PERFORMED	20a AUT	DREVA	201 IE VEC	WERE FINDIR	ACC LICES
)	D IN DAIE	OF OFERS	11014	THE COIND	TION FOR WHICH	OFERATIO	ON WAS PERFORMED	200 AO	1.	IN CERTIFY	YING CAUSES	OF DEATH?
4	E			21b. TIME C	F 14 11 10 V		121. 110.00 11.10.00	YES	NOI	YES		NO 🗌
2		BUTING	CAUSE OF DEA	LICILID A	M. MONTH DA	Y YEAR	21c HOW INJURY OCC	UKKED LENTER N	ATURE OF INJUR	FINITEM 18 PA	ART I OR PART 2)	
7	(IF EITHER		ICAL EXAMINER)	_		19						
	#	RY OCCUR		21e PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, FI	ARM, ETC)	2H LOCATION STREET		CITY OR TOV	/N	COUNTY	STATE
	AT WORK	W TON	DRK DRK			-01	1	4	110	-	-0-	
١	220.1 cert	rify that (1	this hospit	ol) ottended the	e deceosed from_	8/	19 5	, to	1112	, 1	19 07	that (I) (lost
	50W	Trigmqueceas	ed dimensity	wiew the body		, 0	nd that in (my) (ov.) opini	on death occurre	ed on the do	te and hour	ond from the	couses stated
	22b. SIGN	ATURE	4016	up 13	0		DEGREE ATTENDING PHYSICIAN		STAF		22¢ DATE	19/87
	22d. PHYS	SICIA	AME OHE O				22e ADDRESS	5 . 5 . 1 .	16	alex.	1	
		KEV	WJ.	O'VEB	E MD		Clo VI	Messey	DUS	AMIL	Sta	o. Clay B
	23a. BURIAL, CR	EMATION	, REMOVAL	23b. DATE	23c N	AME OF C	EMETERY OR CREMATOR		ATION		COUNTY	STATE
	Buri	al		11-12-	-87 Cr	ownsv	illle VA. Ce		ltimo	re.	Maryl	

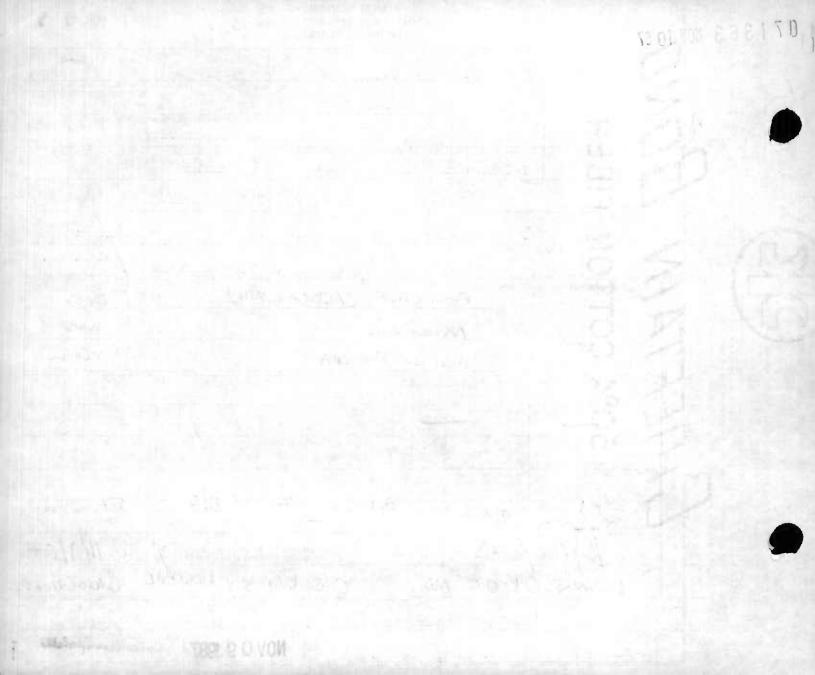
DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

BP.

Brown-Thompson FH 1913 W. Baltimore St.

Crownsvillle VA. Cem. Baltimore, Maryland NOV 0 9 1987



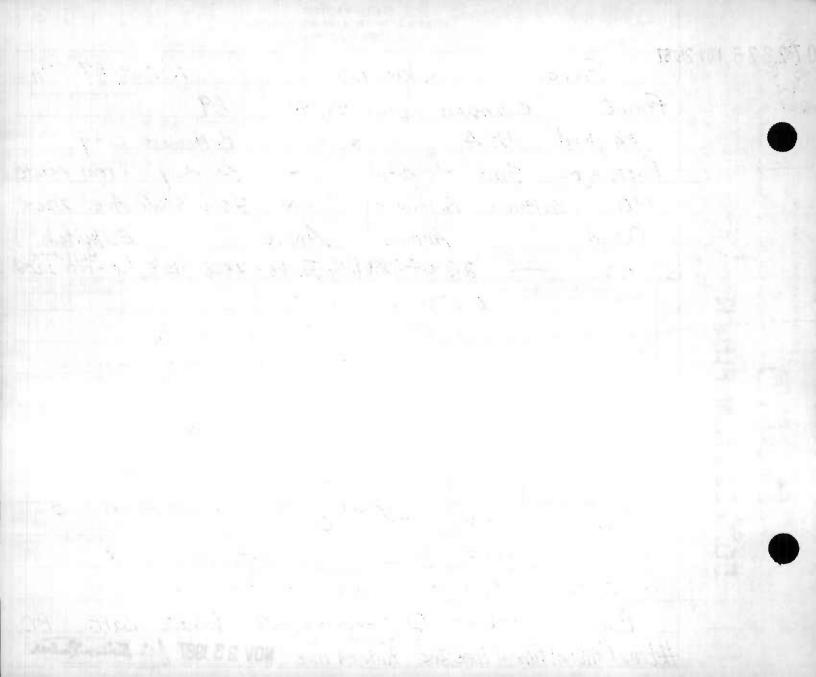
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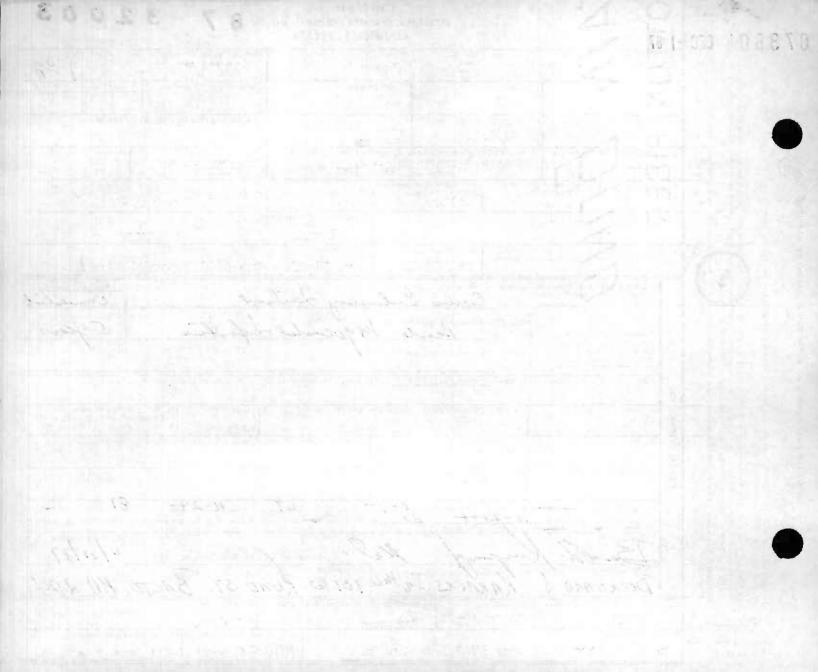
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	PEASE ECTOR PFILES HOURS STREET,	3.50	X	4. RACE	S DATE OF BIRTH	YEAR SASTE	(FITTARS IF U		ER 24 HRS. 21 Min PRO	DATE	HON		#:40°
	AND	- Property	BIRTHPLACE IN	BLACK	NOV . 9.	1957 29	YRS.		1	DEAD	1	1/ 7/ 10 8	7 a M
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1/3	A SECTION	100	FATHER'S NAME	Marie I	MIDDIS	TASE		15 MOTHER'S MA	IDEN NAME	WIDDLE		LAST	
X	FER DEATH FORW PM FES I AND ON OF WIT	- Uhr	KLIJA WAS DECEASED		RMED FORCES?	JACOBS THE SOCIAL SEC	DRITY NO	W. INFORMANT		L.	DRESS	BUIE	
MAN	URS AFTER DE B. GIVE PAGES WITH FORWY T. PAGES I. AN DIVISION OF		NO NO		VE WAR OR DATES!	217 66			RY L. J		3801	TOWNDA	AVE.
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	SHOULD BE EXECUTED WITHIN 24 HOUSE PROBLES. IN PENCIL IN TERM 18 CHIEF MEDICAL EXAMPLER ALONGS ELUSED AS A BICKAL TRANSIT PERMIT OF HEALTH AND MENTAL HYGEFUE OF HEALTH AND MENTAL HYGEFUE URIAL CREMATION, OR REMOVAL	TIFICATIO	19a. DATE OF	OPERATION	19h. CONDI	TION FOR WHICH	OPERATION (WAS PERFORMED?				28. AUTOP YES \$	
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07/84	TO MEDICAL EXAMINER: THIS CERTIFICATE SHO EXECUTE THE CRETIFICATE, WRITINGS THE WORD PACE 4 SHOULD BE RORWARDED TO THE CHILL TO FUNERAL DIRECTOR, PACE 3 SHOULD BE US AFTE DEFAITH WITH THE STATE DEPARTMENT OF BAUJIMORE, MARYLAND, 21201 PRIOR TO BURIL	MEDICAL CERTIFIC	TIG EXTERNA UNDERLYING CONTRIBUTY THE INJURY O WHILE AT WORK THE TOPPH death results ACTUAL SIGNATURE EXAMPLES: (TYPE OR PRIF	CAUSE WAS OR GAUSE O CCURRED NOT WHILE AT WORK Tram Too ha	F DEATH JIE DIACE STEEL TAC OTHER E. Smill	Accident Acc	TEAR 216 1	Subject uncertion states 3801 Toward Inspect uncertion states 3801 Toward Inspect Inspection Chief Address 11 OR CREMATORY	a Ave B bon . A Undeterm MEDICA 1 Penn : INA LOCA CATS OF IT RK BAI	non Town altimore nquiry ned manner EXAMINER St., Ba	and in m	COUNTY ATE 11/ GNED 11/ COUNTY COUNTY	31 NO []
DIVISION OF VITAL	TO MEDICAL EXAMINER. THIS CERTIFICATE SHO EXECUTE THE CERTIFICATE, WINTING THE WORD PACE & SHOULD BE ENRWARDED TO THE CHILL TO TUNEAR DIRECTOR, PAGE 3 SHOULD BE US ATTER DEATH, WITH THE STATT DEPARMENT OF BALTIMORE. MARYLAND, 21201 PRIOR TO BURLINGTE.	MEDICAL CERTIFIC	TIN EXTERNA UNDERLYING CONTRIBUTY THE INJURY O WHILE AT WORK THE TOWN ACTUAL SIGNATURE EXAMINER'S [TYPE OR PRIM 1916-247] B FUNERAL DIRECTAR	CAUSE WAS OR GAUSE O CCURRED NOT WHILE AT WORK Tram Too ha	F DEATH JIE PLATE FOR IT THE CONTROL TO THE PLATE JURE DATE 11/11/8	Accident Acc	TEM ME	Subject uncertion states 3801 Toward Inspect uncertion states 3801 Toward Inspect Inspection Chief Address 11 OR CREMATORY	A Ave B Boon . A Undeterm MEDICA 1 Penn : IM LOCA CANCOL IN ENCY BAI TE REC'D BY REC	non nown altimore altimore ned manner st., Ballion and manner st., Ballion and sand	and in m	country ATE 11/ GNED 11/ COUNTRY ATE 212 COUNTRY	7/87 01

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1 OF CEASED NAME MIDDLE 2a DATE OF DEATH MONTH 2h. HOUR ra 4 RACE S. DATE OF BIRTH 3. SEX 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS Cux aslan YRS 9. BALTIMORE CITY OR COUNTY OF DEATH O BIRTHPLACE TO CITIZEN OF WHAT COUNTRY? I STATE OR FOREIGN MARRIED NEVER MARRIED WIDOWED DIVORCED [11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH 12h KIND OF BUSINESS OR INDUSTRY cretary 20 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13e STREET ADDRESS & ZIP CODE 13d INSIDE CITY LIMITS? TIMORE 15 MOTHER'S MAIDEN NAME MAFATHER'S NAME MIDGLE MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY - ardiac IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stating DUE TO OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20a AUTOPSY? 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20h, IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? NOT NO I Hygier 21b. TIME OF INJURY 21a ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION 0 CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) g NOT WHILE 22a. I certify that (I) (this haspital) attended the deceased from, saw the deceased alive on above (1) (we) (did) (81d not) view the body alter death. , and that in (my) our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22r. DATE SIGNED ATTENDING MEDICAL PHYSICIAN PHIRECTOR PHYSICIAN FUNERAL should be de MPORTANT 22d. PHYSICIAN'S NAME ITYPE OR PRINT 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) DHMH - 16 60M 7/84 (VRA 15, 4)





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ge 4 in soft	gá	Male	Whi	te	Feb		24	63	YRS.	ONTHS DAYS	HOURS MIN.
8 P P P		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUN	NTRY? 8.	NEVER MARRI	IED 🗆	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
mero in 72		MD	U	JSA	WIDOWE		_	BALTIMORE	City	У	MD.
the fundamental	10 C	TY OR TOWN OF DEATH			URSING HOME C	R OTHER INSTITUTION	ION	12a USUAL OCCUPATI		INDUSTRY	BUSINESS OR
- >0 0		BALTIMORE CIT	UNION	MEMOR	IAL HOSP	ITAL		Printer		Fed.	Gov't.
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours ysicion and completely filled in by ppers. Pages 1 and 2 should be fill out	13a, S	AL RESIDENCE (IF NURSING HOME OF ATTELL 136, COL	OR OTHER INSTITUTION	130 CITY OR Balt		13d. INSIDE CITY LIA YES 🔯 NO		4531 Sche	zip code	Rd.,	21210
erely P sh	14. FA	THER'S NAME	MIDDLE	LAS		15. MOTHER'S MAIL		NE .			
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TIMO S. Po		Yes W	WII	220 1	2 7994	Louisa	. W.	January,		Same	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., NG PHYSICIAN: The low requires that the death certificate physician. After this certificate has been signed by the ottending pass the burial-stronsit permit. Then please remove corbonit hand Mental Hygiene prior to burial, cremation, or remit and Mental Hygiene prior to burial, cremation, or remit and Mental Hygiene prior to burial, cremation, or remit and Mental Hygiene prior to burial, cremation or remit and Mental Hygiene prior to burial, crematic events and mental strong injury, or other troumatic events.	NOI	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, O	PADO PRAS A CONS SEUC ONTRIBUTING	SEQUENCE OF	structive.	pul	nome dise	OSE DITION GIVE	710 a	geors
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AL OR AT the hosp AL DIRECT defoched of ore Dept. o		22b. SIGNATURE	m MD			DEGREE ATTEN PHYSI	IDING ICIAN	MEDICAL STA		22c. DATE S	O 87
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7 e + 2 3 4		SURIAL, CREMATION, REMOVA	L 236 DATE			EMETERY OR CREMA	ATORY	23d LOCATION		COUNTY	STATE
BP		Burial	11/2	23/87	Druid	Ridge		Pikesv:			MD
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	JNERAL DIRECTOR	I.W. Je	nkin%º	DRE S.F.		250. DATE	REC'D. BY REGISTRAN	Julia Da	ar's signatu	IRE

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				CEASED NAME	FIRST		MIDDLE		AST		20 DATE OF DEATH	MONTH [DAY YEAR	2b. HOUR
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YLAND-212	A filled in	25	136. 5	MD THER'S NAME	13b COUN	TY	13t. CITY OR TO	WN	13d INSIDE CIT	40 🗌	130.STREET ADDRESS 2302 ANOI			215
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AL RECO	0	ene prior	TIFICATI	190 DATE OF OPERAT	ION	19b. COND	DITION FOR WHIC	H OPERATIO	N WAS PERFOR	MED	200 AUTOPSY?	IN CERTIF	, WERE FINDIN YING CAUSES S	
VOF VIT	og phyvic certificate	Ben 18	CAL CE	210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEAT	HOUR A	OF INJURY A.M. MONTH P.M.	DAY YEAR 19			RED (ENTER NATURE OF INJ	IRY IN ITEM 18 P.	ART I OR PART 2)	
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-	вР			BURIAL, CREMATION, I SPECIFY) BURTAT		236. DATE			UBURN (CEM	23d LOCATION CITY OF TOWN	- ME	COUNTY RAR'S SIGNAT	STATE
DH	HMH - 16 (VRA 1	60M 7/84 5, 4)		LEROY O.	DYET	т 460	0 LIBER	TY HE	IGHTS	יאט)	7 1 3 1987		Deorder.	Randaes

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

MONTH

2a DATE OF DEATH

AGE (IN YEARS LAST BI

0.				
MONTH	DAY	YEAR	25 HOL	IR
11	10	87	11:0	19/
RTHDAY)	IF UND	DERIYEAR	IF UNDER	24 HF
	MONTH	DAYS	HOURS	MI

1	24	17	70	YRS		
MAPPIED M	NEVERA	AARRIED [9 BALTIMORE CITY	OR COUNT	Y OF DE	ATH

WIDOWED

BACTO CIT 12a. USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE

12b. KIND OF BUSINESS OR INDUSTRY Construction

13d. INSIDE CITY LIMITS?

LAST JENKINS

13e.STREET ADDRESS / ZIP CODE 510 ARSAN AVE 15. MOTHER'S MAIDEN NAME

Plumber

JENKINS

Katharine 17 INFORMANT

ADDRESS

MIDDLE

Daily

Della O. Jenkins

Sonokung

Same as 13e

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH carcinoma (with ! brain involvement)

> 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

> > COUNTY

YES [

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

YEAR

211. LOCATION

ATTENDING

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2)

CITY OR TOWN

11-10

NOF

NO F

DEGREE MD

10-70

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated

20a AUTOPSY?

22c. DATE SIGNED 11-10-8

22d PHYSICIAN'S NAME (TYPE OR PRINT)

Burial

23a. BURIAL, CREMATION, REMOVAL

(SPECIFY)

PIMENTEL

BALTIMORE GEN HOSP 23¢ NAME OF CEMETERY OR CREMATORY Glen Haven Mem Park

22e ADDRESS

Glen Burnie

Md

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR George J. Gonce 4001 Ritchie By Balto Md

236. DATE

Julea Devidson Randall

		FOR STATE REGISTRAR		ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	2009
7 1 3 3 9 NOV 1) B	PRPRINT) LILL/	AN M.	JENKINS	20 DATE OF DEATH MONTH D	87 OGODATE
ge 4 mo. mofter c	3. SE	F	1 RACE	5. DATE OF BIRTH	72 YRS W	FUNDER LYEAR IF UNDER 24 HRS
Merch for		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8 MARRIED A NEVER MARRIED WIDOWED DIVORCED D	1 7 4 4 6 1 7 4	CITY MD.
5	10 C	BALTO.	11. NAME OF HOSPITAL, NI (IF NOT INSECH FACILITY, GIVE	URSING HOME OR OTHER INSTITUTION STREET CODRESS)	120 USUAL OCCUPATION (1YPE GETWORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
ND 212	USU 13a. S	AL RESIDENCE (IF NURSING HOME OF TATE ND 136 COU	NTY 134 CITY OR	TOWN 134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE	is ST. 21224
MARYLA mpletely and 2 sh	14. F/	ATHER'S NAME. FIRST	MIDDLE SMEAR	MAN IS MOTHER'S MAIDEN N.	AME MIDDLE	BANTON
MORE, I		VAS DECEASED EVERAN U.S. A	RMED FORCES? 166 SOCIAL IVE WAR OR DATES)	SECURITY NO. 17 INFORMANT 6-8552 HOLLARD M	ADDRESS 1- TENKINS SAME	AS 13e
F. BAIT		PART I. DEATH WAS CAUS	inly one couse per line for (a), (I		IC CANCER	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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L RECO	CERTIFICATION	90 DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
OF VITA		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	EATH HOUR A.M. MONTH	DAY YEAR	RRED { ENTER NATURE OF INJURY IN ITEM 18 PA	RT I OR PART 2)
NG PHTSICIA ottending p ottending p ottending certifications are burdeling on the burdeling	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME STREET, FACTORY, O	FFICE, FARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
Direction of Health of Hea		saw the deceased alive o	n		7 , to 11-5 , in death occurred an the date and hour	9, that (1) (1/e) lost and from the causes stoted
TALOR A ty the host yet the host detached tote Dept.		22b. SIGNATURE	- Leiala.	Sour MD ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	11-5-87
O HOSPITAL TO FUNERAL Movid be det with the Store			SECADA-LO	VID MA POPRESS HE CHURCH HE	SPITAL ROADWAY. GALT.,	40. 21231
BP	1	BURIAL, CREMATION, REMOVA	1 23b. DATE //- 7-87	236 NAME OF CEMETERY OF CREMATORY CAKLAUN CEM.	CITY OR TOWN BAC	TO. Co. MD.
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	TO MANN -S.	KARDA 3288		ATE REC'D. BY REGISTRAN 256 REGISTR	AR'S SIGNATURE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE REGISTRAR CERTIFICATE OF DEATH REG NO DECEASED NAME FIRST AAIDDLE LAST 20 DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) JESSUP. JR. EDWARD 4 RACE DATE OF BIRTH AGE LIN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH 07 24 16 7a. BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA North Carolina Baltimore City DIVORCED A WIDOWED B. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR North Charles General Hospital TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY 13e.STREET ADDRESS / ZIP CODE Baltimore 13d. INSIDE CITY LIMITS? Maryland 2124 St. Paul Street 21202 YES TX NO [4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE Willford Edward Eugenia Jessup, Sr. 166 SOCIAL SECURITY NO ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT LYES NO OR LINKNOWN 241-24-3859 Lucille Roberts 2124 St. Paul Street ves APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOM YES [NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d IN JURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceosed alive an_ and that in (my) (aur) apinion death accurred on the date and have and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death 22b. SIGNATURE DEGREE 22c DATE SIGNED M. Shat M D ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS CHARIES (meneral Mes -M. SHAH M. D Baltimore, MD. 2121 23a. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECHY) Cremation Baltimore Maryland 11/9/87 Green Mount Cemetery 24 FUNERAL DIRECTOR 25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

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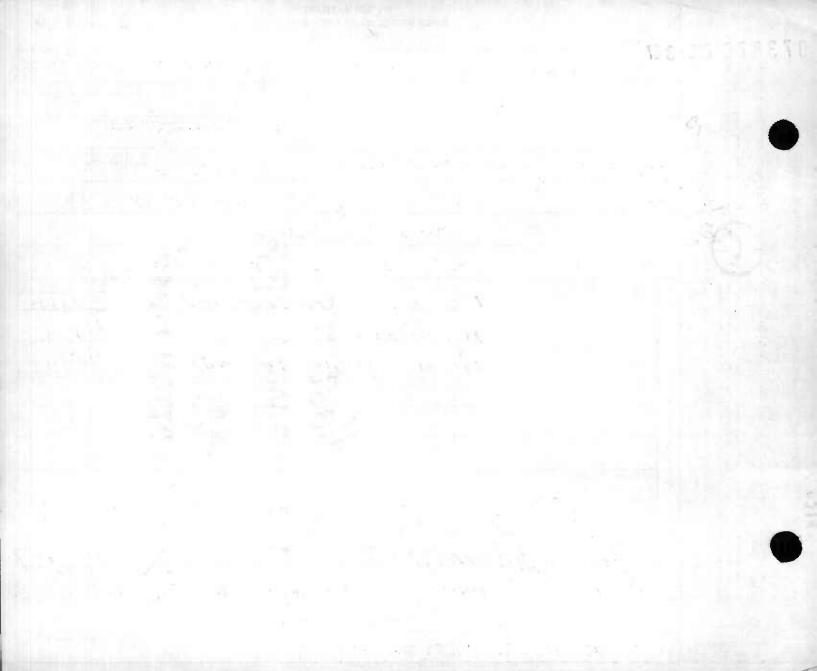
MPORTANT:

3818 Roland Ave. Alan Seitz, Jr.

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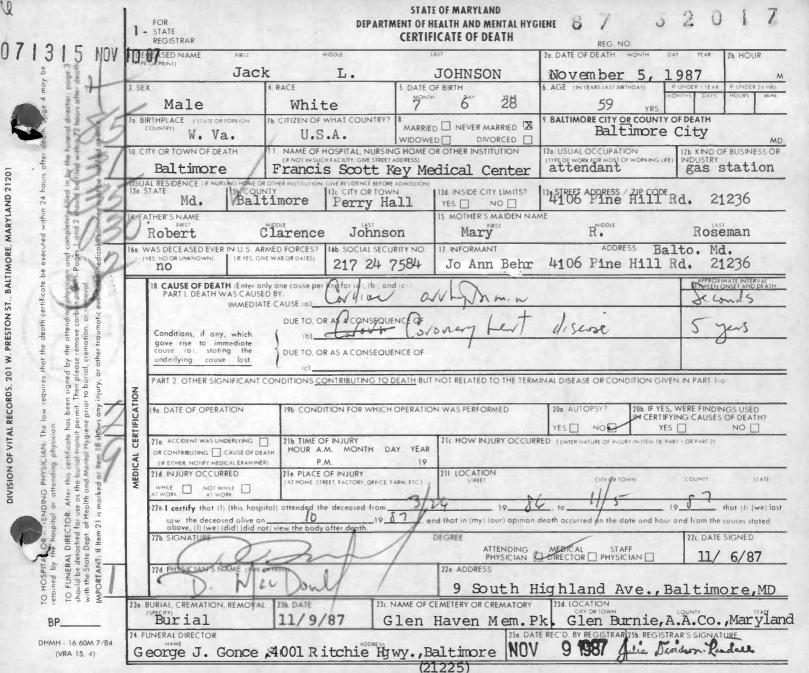
STATE OF MARYLAND

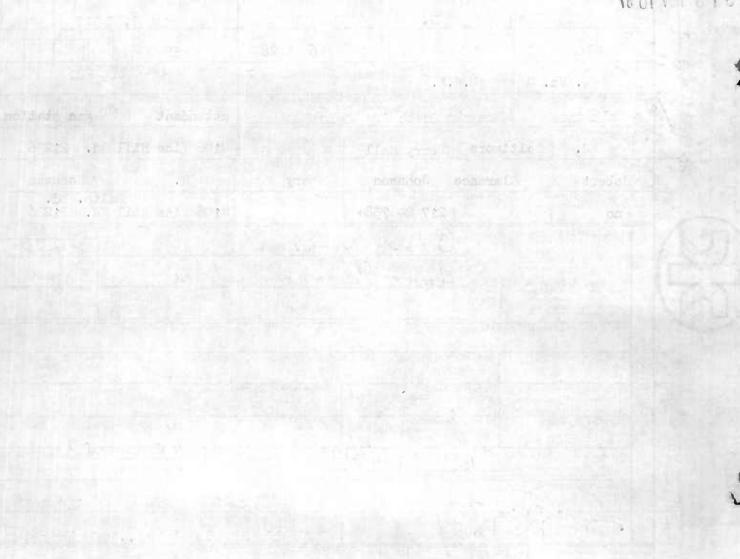


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	1.	FOR STATE REGISTRAR		DEPARTM	ENT OF H	OF MARYLAND EALTH AND MENTAL F ICATE OF DEATH	HYGIENE 7	3 2 0	15
7 3 3 4 0 10 27	87		NCES	MIDDLE	Ja	hN50N	20. DATE OF DEATH	1-22-87	7 4º PM
ge 4 m ector.	3. SE	F	4. RACE	V	S. DATE C	FBIRTH 14 1900		YRS.	DAYS HOURS MIN.
£ 22 £	ΑL	RTHPLACE STATE OR FOREIG COUNTRY) ABAMA	U		WIDOWE		BALTIMOR		MD.
By the first of the decoupling of the first		BALTIMORE	MERC	HEACILITY, GIVE STREET A	AL	R OTHER INSTITUTION	126 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF HOUSEWIFF	OF WORKING LIFE) INDUS	ND OF BUSINESS OR STRY I / A
AND 211	13a :	AL RESIDENCE (IF NURSING HOSTATE 13b. (OME OR OTHER INSTITUTION COUNTY	BALTIMO	4	13d. INSIDE CITY LIMITS		HILL NUR	SING HALL
MARYLA mpletely ond 2 sho	14 F/	THER'S NAME FIRST	UNKNOWN	LAST.		15. MOTHER'S MAIDEN FIRST	UNKN		LAST
rimore, ma		VAS DECEASED EVER IN U. YES, NO OR UNKNOWN)	S. ARMED FORCES? YES, GIVE WAR OR DATES!	212-26-		MARY BAR	NES 3600 W.	FRANKLI	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21 NO PHYSICIAN: The law requires that the deat satisfies exercitions and cympletely filled in os the buriol-trionsit permit. Then please remove carbonants frages fold 2 should be than Amental Hygiene prior to buriol, cremation, or removal. On the buriol-trionsit permit. Then please remove carbonants frages fold 2 should be than Amental Hygiene prior to buriol, cremation, or removal.		Conditions, if any, whi gave rise to immedia couse 101, stating to underlying couse to	AUSEÓ BY: EDIATE CAUSE (o) DUE TO, O ch (b) he St. (c) (c)	R AS A CONSEQUE	5/2V NCE OF	not related to the t	Accident		PPROXIMATE INTERVAL WEEN ONSET AND DEATH 2 Dy 2-
TAL RECORDS, 2 The law requires licion. Ite has been signe signemant. Then p giene prior to bur shows any injury,	CERTIFICATION	190 DATE OF OPERATION	Atri- or	ymn-	(A.h	b (.il- tio-)	200 AUTOPSY?	20b. IF YES, WERE F	INDINGS USED
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DING Spital or o CTOR: After A for use os 3 for use os 1 for use os 2 of Health		22a.1 certify that (f) (this saw the deceased all above, (1) (we) (did) (a	ve on 11 - 2	-2 198			ion death occurred on the d		
HOSPITAL OR ATTEN Flued by the hospital FunERAL DIRECTOR Jid be detoched for us the State Dept. of He ORTANT: If Hem 21 is		226. SIGNATURE	. Ind	in		ATTENDING PHYSICIAN 122e ADDRESS	G MEDICAL STA	FF 11	-22-87
TO HOSPITAL reformed by 1 TO FUNERAL should be deter									
BP		BURIAL, CREMATION, REMO SPECIFY) BURIAL	11/27			L MEM. P	CITY OR TOWN	COUNTY	STATE
DHMH - 16 50M 1/81 (VRA 15, 4)		JNERAL DIRECTOR M. C. MARC				25a.	NOV 25 1987	25b. REGISTRAR'S SIC	GNATURE

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	1 - FOR STATE REGISTRAR	DEPAI	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	REG. NO.	2013
\$ 67 DEC -	DECEASED NAME FIRST	FRANCIS	JOHNZON	20. DATE OF DEATH MONTH	30-87 3:58 M
ge 4 may ector. pa ors after d	MALE	BLACK	5. DATE OF BIRTH MONTH DAY 1917	6 AGE (IN YEARS LAST BIRTHDAY) 70 YRS	IF UNDER 1 YEAR IF UNDER 24 MRS MONTHS DAYS HOURS MIN
in 72 to ot of ot	WASH INGTON, D.		MARRIED ₩ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	BALTI ME	ORE MO
146	BALTI MORE	LIBERTY W	SING HOME OR OTHER INSTITUTION ET ADDRESS! EVICEL CENTER	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	LIFE) 12b. KIND OF BUSINESS OR INDUSTRY PRI UNTE
Tag of the	USUAL RESIDENCE (IF NURSING HOME 130 STATE 136 CO MRKY I HAD BAI		NORE YES NO _		AN AVENUE
	FATHER'S NAME FIRST	MIDDLE		MIDDLE	DAUIS
20 5		ARMED FORCES? 166 SOCIAL SE GIVE WAR OR DATES) 57967	2802 B MARY M.	JOHNSON - 601 4	#936 STSE WAS H PC
quires that the death cert signed by the attending ben please retires carbon to buries, cremetion, or res jury, or other traumatic es	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 QTHER SIGNIFICAN	DUE TO, OR AS A CONSECT OF TO THE CONDITIONS CONTRIBUTING TO A STATE OF THE CONDITIONS CONTRIBUTIONS	DUENCE OF	ainal disease or condition g	IVEN IN PART I 10
has been to be the property of	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		CH OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED FIFYING CAUSES OF DEATH? YES NO
centicole centicole iolitona ental Hyg	OR CONTRIBUTION CALISE OF	DEATH HOUR A.M. MONTH NER) P.M.	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18	3 PARTIOR PART2}
her thu in the bu in and M arked or	OR CONTRIBUTING THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST ALL WORK ALL WORK	210 PLACE OF INJURY (AT HOME STREET FACTORY OFFI	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
CTOR A for over all flex over all flex in	saw the deceased alive above, (I) (we) (did) (did	spital) attended the deceased fro on	27 , and that in (my) (aur) apinian	death occurred an the date and he	
y the ha	1226 SIGNATURE	was		MEDICAL STAFF DIRECTOR PHYSICIAN	11-30 - 87
etained by the	BICH T	DUONG	LIBERTY	MEDICAL CE	NTER.
ē ₽#3 ≧	BURIAL, CREMATION, REMOV	AL 23b. DATE 12-7-87	LINCOLN MEMORAL C		O PG MARYLOW
OHMH - 16 60M 7/84 (VRA 15,.4)	24 FUNERAL DIRECTOR NAME ALEXANPEN 5, 1	POPE 2617 P	A AUG SE DC DEC	TE REC'D. BY REGISTRAR 256. REGISTAR 256. RE	STRAR'S SIGNATURE

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